The Commonwealth of Massachusetts

JOURNAL OF THE SENATE.

THURSDAY, JULY 18, 2024

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JOURNAL OF THE SENATE

Thursday, July 18, 2024.

Met at four minutes past eleven o'clock A.M. (Mr. Brownsberger in the Chair) (having been appointed, by the President, under authority conferred by Senate Rule 4, to perform the duties of the Chair).

The Chair (Mr. Brownsberger), members, guests and staff then recited the pledge of allegiance to the flag. Pledge of allegiance.

Communications.

The following communications were severally received and placed on file, to wit:

Communication from the Department of Public Health relative to its plans of correction for the Suffolk County House of Correction inspection on May 14 and 15, 2024 (received July 11, 2024); DPH,-- plans of correction. SD3338

Communication from the Department of Public Health relative to its plan of correction for the Old Colony Correctional Center inspection on May 23 and 24, 2024 (received July 16, 2024); and Id. SD3340

Communication from the Department of Public Health relative to its plan of correction for the Hampden County Jail and House of Correction inspection on May 30 and 31, 2024 (received July 17, 2024). Id. SD3341

Reports.

The following reports were severally received and placed on file, to wit:

Report of the Department of Public Health (pursuant to Sections 5, 20 and 21 of Chapter 111 of the General Laws) relative to inspection of MCI Framingham (received July 11, 2024); and DPH,-- facility inspection. SD3335

Report of the Department of Economic Research (pursuant to Section 14F of Chapter 151A of the General Laws) submitting the July 2024 Unemployment Insurance Trust Fund report (received July 15, 2024). DER,-- UI trust fund report. SD3337

Petition.

Mr. Cyr presented a petition (accompanied by bill, Senate, No. 2874) of Julian Cyr and Sarah K. Peake (by vote of the town) for legislation to authorize the town of Harwich affordable housing trust to provide for the creation of attainable housing [Local approval received]; Harwich,-- affordable housing trust.

Referred, under Senate Rule 20, to the committee on Municipalities and Regional Government.

Sent to the House for concurrence.

Report of a Committee.

By Ms. Moran, for the committee on Revenue, on Senate, No. 1781 and House, No. 2768, a Bill relative to embarkation fees (Senate, No. 2873); Embarkation fees.

Read and, under Senate Rule 27, referred to the committee on Ways and Means.

Committees Discharged.

Ms. Lovely, for the committees on Rules of the two branches, acting concurrently, reported, asking to be discharged from further consideration

Of the Senate Order relative to authorizing the joint committee on State Administration and Regulatory Oversight to make an investigation and study of a certain current Senate document relative to Massachusetts time zones (Senate, No. 2823); — State Administration and Regulatory Oversight,-- study.

Of the Senate Order relative to authorizing the joint committee on Municipalities and Regional Government to make an investigation and study of certain current Senate documents relative to commission membership, animal health inspections, and in-person quorums (Senate, No. 2828); — Municipalities and Regional Government,-- study.

Of the Senate Order relative to authorizing the joint committee on Education to make an investigation and study of certain current Senate documents relative to assessments and accountability matters (Senate, No. 2841); — Education,-- study.

Of the Senate Order relative to authorizing the joint committee on Health Care Financing to make an investigation and study of certain current Senate documents relative to health care financing matters (Senate, No. 2842); — Health Care Financing,-- study.

Of the Senate Order relative to authorizing the joint committee on the Judiciary to make an investigation and study of certain current Senate documents to judicial matters (Senate, No. 2851); and — Judiciary,-- study.

Of the Senate Order relative to authorizing the joint committee on Transportation to make an investigation and study of certain current Senate documents to Class 3 bikes/RTAs (Senate, No. 2852); — Transportation,-- study.

And recommending that the same severally be referred to the committee on Rules.

Under Senate Rule 36, the reports were severally considered forthwith and accepted.

PAPERS FROM THE HOUSE.

Petitions were severally referred, in concurrence, as follows, to wit:

Petition (accompanied by bill, House, No. 4875) of Kimberly N. Ferguson (by vote of the town) for legislation to establish the appointed position of town clerk in the town of Westminster; — Westminster,-- town clerk.

Petition (accompanied by bill, House, No. 4881) of Marcus S. Vaughn and Rebecca L. Rausch (by vote of the town) relative to the term of the moderator in the town of Wrentham; — Wrentham,-- town moderator.

Petition (accompanied by bill, House, No. 4882) of Susannah M. Whipps and Joanne M. Comerford (by vote of the town) that the town of Orange be authorized to convey five parcels of land; and — Orange,-- land.

Petition (accompanied by bill, House, No. 4887) of John J. Marsi and Ryan C. Fattman (by vote of the town) relative to the town administrator in the town of Dudley; — Dudley,-- town administrator.

Severally to the committee on Municipalities and Regional Government.

Bills

Authorizing the town of Palmer to grant additional licenses for the sale of all alcoholic beverages (House, No. 4688,-- on House, No. 4588) [Local approval received on House, No. 4588]; and — Palmer,-- liquor licenses.

Amending the charter of the city of Gardner (House, No. 4868,-- on House, No. 4285) [Local approval received on House, No. 4285]; — Gardner,-- charter.

Were severally read and, under Senate Rule 26, placed in the Orders of the Day for the next session.

Engrossed Bills.

The following engrossed bills (the first of which originated in the Senate), having been certified by the Senate Clerk to be rightly and truly prepared for final passage, were severally passed to be enacted and were signed by the Acting President (Mr. Brownsberger) and laid before the Governor for her approbation, to wit:

Bills laid before the Governor.

Changing the name of the board of selectmen in the town of East Bridgewater to select board (see Senate, No. 2422);

Providing for the retirement of William R. Cushing Jr., a police officer in the city known as the town of Braintree (see House, No. 4214); and

Authorizing the city of Gardner to change the use of a certain parcel of land (see House, No. 4589).

Resolutions.

The following resolutions (having been filed with the Clerk) were severally considered forthwith and adopted, as follows:-

Joseph Goyette.

Resolutions (filed by Ms. Lovely) "congratulating Joseph Goyette on his elevation to the rank of Eagle Scout";

Keanu Prescod.

Resolutions (filed by Ms. Lovely) "congratulating Keanu Prescod on his elevation to the rank of Eagle Scout"; and

Arthur Sullivan IV.

Resolutions (filed by Ms. Lovely) "congratulating Arthur Sullivan IV on his elevation to the rank of Eagle Scout".

PAPERS FROM THE HOUSE.

Foxborough,-- land.

A petition (accompanied by bill, House, No. 4888) of F. Jay Barrows and Paul R. Feeney that the commissioner of Capital Asset Management and Maintenance be authorized to further regulate use restrictions on certain state owned property in the town of Foxborough**,-- was referred, in concurrence, under suspension of Joint Rule 12, to the committee on State Administration and Regulatory Oversight.**

Economic development.

The House Bill relative to strengthening Massachusetts' economic leadership (House, No. 4804),-- came from the House with the endorsement that the House had NON-concurred in the Senate amendment striking out all after the enacting clause and inserting in place thereof the text contained in Senate document numbered 2869, and had asked for a committee of conference on the disagreeing votes of the two branches; and that Representatives Michlewitz of Boston, Parisella of Beverly and Muradian of Grafton had been appointed the committee on the part of the House.

On motion of Mr. Cronin, the Senate insisted on its amendment and concurred in the appointment of a committee of conference; and Senators Finegold, Rodrigues and Durant were appointed on the part of the Senate.

The bill was returned to the House endorsed accordingly.

Orders of the Day.

The Orders of the Day were considered as follows:

Bills

Second reading bills.

Relative to the filling of vacancies in the office of mayor of the city of Revere (House, No. 4551); and

Authorizing the town of Carlisle to establish a means tested senior citizen property tax exemption (House, No. 4560)

Were severally read a second time and ordered to a third reading.

The House Bill enhancing the market review process (House, No. 4653),-- was read a second time.

Health care,-- market review process.

After remarks, pending the question on adoption of the amendment previously recommended by the committee on Senate Ways and Means striking out all after the enacting clause and inserting in place thereof the text of Senate document numbered 2871, and by striking out the title and inserting in place thereof the following title "An Act enhancing the health care market review process" and pending the main question on ordering the bill to a third reading, Ms. Edwards, Ms. Rausch, Messrs. Brady, Oliveira and Mark, Ms. Kennedy, Messrs. Eldridge, Velis, Keenan and Pacheco, Ms. Jehlen, Ms. Miranda and Messrs. Timilty and Payano moved that the proposed new text be amended in Section 88 by striking out, in line 1768 the word "may" and inserting in place thereof the word:- "shall".

The amendment was *rejected.*

Mr. Rush moved that the proposed new text be amended by inserting the following section:-

"SECTION XX. Chapter 111 of the General Laws is hereby amended by adding the following section:-

Section 243. Sale of over-the-counter diet pills and dietary supplements for weight loss or muscle building

(a) Definitions: For purposes of this section the following terms shall have the following meanings:

(1) 'Dietary supplement for weight loss or muscle building' means a dietary supplement as defined in 21 U.S.C. 321(ff) that is labeled, marketed, or otherwise represented for the purpose of achieving weight loss or building muscle.

(2) 'Over-the-counter diet pill' means a drug as defined in 21 U.S.C. 321(g)(1) labeled marketed, or otherwise represented for the purpose of achieving weight loss for which a prescription is not required under the federal Food, Drug and Cosmetic Act.

(3) 'Retail establishment' means any vendor that, in the regular course of business, sells dietary supplements for weight loss or muscle building or over-the-counter diet pills at retail directly to the public, including, but not limited to, pharmacies, grocery stores, other retail stores, and vendors that accept orders placed by mail, telephone, electronic mail, internet website, online catalog, or software application.

(4) 'Delivery sale' means any sale of over-the-counter diet pills or dietary supplements for weight loss or muscle building to a consumer if—

(i) The consumer submits the order for the sale by means of a telephone or other method of voice transmission, the mails, or the Internet or other online service, or the seller is otherwise not in the physical presence of the buyer when the request for purchase or order is made; or

(ii) The over-the-counter diet pills or dietary supplements for weight loss or muscle building are delivered to the buyer by common carrier, private delivery service, or other method of remote delivery, or the seller is not in the physical presence of the buyer when the buyer obtains possession of the over-the-counter diet pills or dietary supplements for weight loss or muscle building.

(5) 'Delivery Seller'' means a person, including online retailers, who makes delivery sales of over-the-counter diet pills or dietary supplements for weight loss or muscle building.

(b) Prohibitions: No person shall sell or offer to sell or give away, as either a retail or whole-sale promotion, an over-the-counter diet pill or dietary supplement for weight loss or muscle building to any person under eighteen years of age.

(c) Responsibilities of retail establishments:

(1) Any retail establishment that sells over-the-counter diet pills or dietary supplements for weight loss or muscle building shall limit access to such products in a manner designed to prevent unauthorized access to such products. Such products shall not be directly accessible by customers, and may be accessed only by employees of the establishment at such location such as behind retail counter or in a locked case.

(2) For purposes of paragraph (1), and subject to paragraph (d), a retail establishment shall request valid identification from any person who attempts to purchase a dietary supplement for weight loss or over-the-counter diet pill if the retail establishment cannot reasonably determine that the person appears to be under 18 years of age.

(d) Responsibilities of delivery sellers :

(1) Notwithstanding paragraph (c)(2), a delivery seller, including online retailers, who mails or ships over-the-counter diet pills or dietary supplements for weight loss or muscle building to consumers:

(i) Shall not sell, deliver, or cause to be delivered any over-the-counter diet pills or dietary supplements for weight loss or muscle building to a person under eighteen years of age.

(ii) Shall use a method of mailing or shipping that requires—

(A) The purchaser placing the delivery sale order, or an adult who is at least 18 years of age to sign to accept delivery of the shipping container at the delivery address; and

(B) The person who signs to accept delivery of the shipping container to provide proof, in the form of a valid, government-issued identification bearing a photograph of the individual, that the person is at least eighteen years of age and

(iii) Shall not accept a delivery sale order from a person without—

(A) Obtaining the full name, birth date, and residential address of that person; and

(B) Verifying the information provided in subclause (A), through the use of a commercially available database or aggregate of databases, consisting primarily of data from government sources, that are regularly used by government and businesses for the purpose of age and identity verification and authentication, to ensure that the purchaser is at least eighteen years of age.

(2) Limitation: No database being used for age and identity verification under subparagraph (d)(iii) shall be in the possession or under the control of the delivery seller, or be subject to any changes or supplementation by the delivery seller.

(e) Remedies:

(1) Whenever there shall be a violation of this section, an application may be made by the attorney general in the name of the people of the Commonwealth of Massachusetts, to a court or justice having jurisdiction by a special proceeding to issue an injunction, and upon notice to the defendant of not less than five days, to enjoin and restrain the continuance of such violation; and if it shall appear to the satisfaction of the court or justice that the defendant has, in fact, violated this section, an injunction may be issued by the court or justice, enjoining and restraining any further violations, without requiring proof that any person has, in fact, been injured or damaged thereby.

(2) Whenever the court shall determine that a violation of this section has occurred, the court may impose a civil penalty of not more than one thousand dollars ($1,000).

(f) When determining whether supplement is ‘labeled marketed, or otherwise represented for the purpose of achieving weight loss or muscle building’ the Attorney General shall consider, but is not limited to, the following factors:

(1) Whether the product contains:

(i) An ingredient approved by the federal Food and Drug Administration for weight loss or muscle building;

(ii) A steroid; or

(iii) Creatine, green tea extract, raspberry ketone, garcinia cambogia, green coffee bean extract; or

(2) Whether the product's labeling or marketing bears statements or images that express or imply that the product will help:

(i) Modify, maintain, or reduce body weight, fat, appetite, overall metabolism, or the process by which nutrients are metabolized, and

(ii) Maintain or increase muscle or strength; and

(3) Whether the product or its ingredients are otherwise represented for the purpose of achieving weight loss or building muscle."

The amendment was *rejected.*

Mr. Rush moved that the proposed new text be amended by inserting the following section:- 14

"SECTION XX. Section 51 of Chapter 111 of the General Laws is hereby amended by inserting following the words 'American Academy of Pediatrics', the following:- 'The executive office of health and human services or its departments are authorized to approve the sale or lease of Norwood Hospital in the town of Norwood, by Medical Properties Trust, Inc. to a high-quality hospital service corporation as defined under chapter 176A of the General Laws that is currently licensed in the Commonwealth under section 51 of chapter 111 of the General Laws.'."

The amendment was *rejected.*

Messrs. Moore and Payano moved that the proposed new text be amended by inserting after section __ the following section:- 21

"SECTION __. Section 7 of chapter 111D of the General Laws is hereby amended in the second paragraph by striking out the word 'three' and replacing it with the word:- 'five'."

The amendment was adopted.

Messrs. Moore and Brady, Ms. Moran, Messrs. Feeney, Oliveira and Eldridge, Ms. Edwards, Messrs. Timilty and Collins, Ms. Kennedy, Messrs. Velis, Finegold, Gomez, Pacheco, Durant, Tarr, Fattman, Cronin, Keenan, Mark, Rush and O'Connor, Ms. Miranda and Mr. Payano moved that the proposed new text be amended by inserting after section __ the following section: 25

"SECTION __. Chapter 29 of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by inserting after section 2QQQQQ following new section:-

Section 2RRRRR. There shall be established and set up on the books of the Commonwealth a PFAS Research and Development Public Safety Fund. For the purposes of this section, the term 'PFAS' shall include Perfluoroalkyl and Polyfluoroalkyl substances. The secretary of public safety and security shall administer the fund. The fund shall consist of amounts credited to the fund from: (i) any appropriations, grants, gifts or other money authorized by the general court or other parties and specifically designated to be credited to the fund; and (ii) any income derived from the investment of amounts credited to the fund. Any unexpended balance in the fund at the end of a fiscal year shall not revert to the General Fund and shall be available for expenditure in the subsequent fiscal year. Amounts credited to the fund may be expended, without further appropriation, by the secretary on related programs, grants and costs. Such fund shall be used to support the development, testing and purchasing of a PFAS-free Firefighter Turnout Gear moisture barrier material and design that meet or exceed current NFPA standards without compromising protection or performance and the development and testing of other new materials and designs for turnout gear that reduce the inherent dangers firefighters face, including but not limited to, enhanced protection against primary and secondary exposure to particulates and byproducts of combustion and reduced maintenance that includes contamination resistance and greater ease of cleaning for any new technical fabrics or designs."

Pending the question on adoption of the amendment, Ms. Friedman rose to a point of order, which, being stated, was that the amendment was beyond the scope of the bill. Point of Order.

The Chair (Mr. Brownsberger) ruled that the point of order was WELL taken; the amendment was laid aside. Ruling, WELL taken.

Messrs. Moore, Brady and Keenan, Ms. Moran, Messrs. Feeney, Oliveira and Eldridge, Ms. Edwards, Ms. Rausch, Messrs. Timilty and Collins, Ms. Kennedy, Messrs. Velis, Finegold, Gomez, Pacheco, Durant, Tarr, Fattman, Cronin, Mark, Rush and O'Connor, Ms. Miranda and Mr. Payano moved that the proposed new text be amended by inserting after section __ the following 4 sections:- 26

“SECTION __. Chapter 111 of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by adding the following section:-

Section 243. (a) The following terms shall have the following meanings, unless the context clearly requires otherwise:-

‘Firefighting personal protective equipment’ means any clothing designed, intended, or marketed to be worn by firefighting personnel in the performance of their duties, designed with the intent for the use in fire and rescue activities, including jackets, pants, shoes, gloves, helmets, and respiratory equipment.

‘Local governments’ includes any county, city, town, fire district, regional fire protection authority, or special purpose district that provides firefighting services.

‘Manufacture’' includes any person, firm, association, partnership, corporation, organization, joint venue, importer, or domestic distributor of firefighting agents or firefighting equipment. For the purposes of this definition, 'importer' means the owner of the product.

‘Perfluoraolkyl and polyfluoraolkyl substances’ or ‘PFAS chemicals’ means, for the purposes of firefighting agents and firefighting equipment, a class of fluorinated organic chemicals containing at least one fully fluorinated carbon atom.

(b) A manufacturer or other person that sells firefighting personal protective equipment containing PFAS chemicals to any person, local government, or state agency shall provide written notice to the purchaser at the time of sale which shall state: (i) that the firefighting personal protective equipment contains PFAS chemicals; and (ii) the reason PFAS chemicals are added to the equipment.

The manufacturer or other person selling firefighting personal protective equipment and the purchaser of the equipment shall retain a copy of the notice required pursuant to this subsection on file for at least 3 years from the date of the purchase. Upon the request of the department, a person, manufacturer, or purchaser shall furnish the notice, or written copies, and associated sales documentation to the department within 60 days of such request.

SECTION __. Section 243 of chapter 111 of the General Laws, as added by section 1, is hereby amended by striking out subsection (b) and inserting in place thereof the following subsection:-

(b) A manufacturer or other person that sells firefighting personal protective equipment to any person, local government, or state agency shall not manufacture, knowingly sell, offer for sale, distribute for sale, or distribute for use in the commonwealth any firefighting personal protective equipment containing intentionally added PFAS chemicals.

SECTION __. Section 1 shall take effect on January 1, 2025.

SECTION __. Section 2 shall take effect on January 1, 2027.”

Pending the question on adoption of the amendment, Ms. Friedman rose to a point of order, which, being stated, was that the amendment was beyond the scope of the bill. Point of Order.

The Chair (Mr. Brownsberger) ruled that the point of order was WELL taken; the amendment was laid aside. Ruling, WELL taken.

There being no objection, during consideration of the Orders of the Day, the following matter was considered:

PAPER FROM THE HOUSE.

The Senate Bill upgrading the grid and protecting ratepayers (Senate, No. 2838),— came from the House passed to be engrossed, in concurrence, *with an amendment* striking out all after the enacting clause and inserting in place thereof the text of House document numbered 4884. Climate,-- grid enhancements.

Mr. Cronin moved that the Senate NON-concur in the House amendments and asked for a committee of conference on the disagreeing votes of the two branches; and Senators Barrett, Creem and Tarr were appointed to the committee on the part of the Senate.

The bill was sent to the House endorsed accordingly.

Orders of the Day.

The Orders of the Day were further considered as follows:

The House Bill enhancing the market review process (House, No. 4653),-- the main question being on ordering the bill to a third reading. Health care,-- market review process.

Ms. Creem in the Chair, Ms. Miranda and Messrs. Feeney and Payano moved that the proposed new text be amended by inserting the text of Senate document numbered 2879, relative to sickle cell care. 36

The amendment was *rejected.*

Messrs. Cronin, Mark, Gomez, Moore and Velis moved that the proposed new text be amended by adding the following section:- 40

"SECTION XXX. Chapter 112 of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by striking out section 252, and inserting in place thereof the following sections:-

Section 252. As used in sections 252 to 258, inclusive, the following words, shall unless the context requires otherwise, have the following meanings:-

'ABGC', the American Board of Genetic Counseling, a national agency for certification and recertification of genetic counselors or its successor agency.

'ABMGG', American Board of Medical Genetics and Genomics, a national agency for certification and recertification of genetic counselors, MD geneticists, DO geneticists, and PhD geneticists or its successor agency.

'ACGC', Accreditation Council for Genetic Counseling, a national agency for accreditation of genetic counselor training programs or its successor agency.

'Active Candidate Status' is bestowed upon an individual who meets the requirements to sit for the ABGC genetic counselor certification exam.

'Board', the board of registration of genetic counselors.

'General supervision', a supervisor, whether a licensed genetic counselor or MD, who has the overall responsibility to assess the work of a provisional licensed genetic counselor, including regular meetings and chart review; provided, however, that an annual supervision contract signed by the supervisor and supervisee shall be on file with both parties.

'Licensed genetic counselor', a person licensed under section 105 of chapter 13 to engage in the practice of genetic counseling.

'Practice of genetic counseling', a communication process, conducted by 1 or more appropriately trained individuals, that may include:

(a) obtaining and evaluating individual, family, and medical histories to determine genetic risk for genetic-medical conditions and diseases in a patient, their offspring, and other family members;

(b) discussing the features, natural history, means of diagnosis, genetic and environmental factors, and management of risk for genetic-medical conditions and diseases;

(c) identifying, ordering, and coordinating genetic laboratory tests and other diagnostic studies as appropriate for the genetic assessment;

(d) integrating genetic laboratory test results and other diagnostic studies with personal and family medical history to assess and communicate risk factors for genetic-medical conditions and diseases;

(e) explaining the clinical implications of genetic laboratory tests and other diagnostic studies and their results;

(f) evaluating the client's or family's responses to the condition or risk of recurrence and provide client-centered counseling and anticipatory guidance;

(g) identifying and utilizing community resources that provide medical, educational, financial, and psychosocial support and advocacy;

(h) providing written documentation of medical, genetic, and counseling information for families and health care professionals; or

(i) any other criteria the board deems appropriate and consistent with provisions above.

'Provisional licensed genetic counselor', a person with a provisional license issued under section 255.

SECTION XXXX. Said chapter 112, as so appearing, is hereby further amended by striking out sections 254 through 257, inclusive, and inserting in place thereof the following 4 new sections:-

Section 254. An applicant for registration as a genetic counselor shall have:

(a) earned a master's degree from a genetic counseling training program that is accredited by the ACGC or an equivalent as determined by the ACGC, or a doctoral degree from a genetics training program that is accredited by the ABMGG or an equivalent as determined by the ABMGG;

(b) Successfully achieved ABGC certification by examination as a genetic counselor or the ABMGG certification examination as a PhD geneticist; and

(c) completed such experience as may be required by the board; and provided further that the board shall require continuing education as a condition for license renewals.

Section 255. A person who meets the qualifications for licensure as a genetic counselor, except certification and who has been granted Active Candidate Status by the ABGC, may apply to practice as a provisional licensed genetic counselor by filing an approved application with the board and payment of a fee to be determined by the secretary of administration and finance. The board may grant a provisional license to a person who successfully completes a genetic counseling education program approved by the board and is qualified to be admitted to the examination. Such license shall be valid for 2 years from the date of its issue and may be renewed for an additional 1 year as long as the applicant has active candidate status according to ACGC or if the applicant fails the first sitting of the ABMGG exam, as applicable. Such provisional license shall expire automatically upon the earliest of the following:

(a) issuance of a full license; or

(b) the date printed on the temporary license.

An application for extension shall be signed by a supervising licensed genetic counselor. A provisional licensed genetic counselor shall be under the general supervision of a licensed genetic counselor or a licensed physician with current ABMGG certification in clinical genetics at all times during which the provisional licensed genetic counselor performs clinical genetic counseling. The board shall adopt rules governing such supervision and direction which may not require the immediate physical presence of the supervising licensed genetic counselor.

Section 256. (a) The board shall examine applicants for certification as genetic

counselors at such times and places as it may determine. The examination shall meet the standards established by the ACGC. The examination shall test an applicant's knowledge of basic and clinical sciences as they relate to genetic counseling theory and practice and other subjects as the board may deem useful to determine the applicant's fitness to act as a genetic counselor. The board may utilize a national examination that meets the requirements of this section.

(b) The board shall examine applicants for certification as PhD geneticists at such times and places as it may determine. The examination shall meet the standards established by the ABMGG. The examination shall test an applicant's knowledge of basic and clinical sciences as they relate to genetic counseling theory and practice and other subjects as the board may deem useful to determine the applicant's fitness to act as a genetic counselor. The board may utilize a national examination that meets the requirements of this section.

Section 257. No person shall hold himself out as a genetic counselor unless he is licensed in accordance with sections 255 or 256, or under section 105 of chapter 13. No person who is not so licensed may use in connection with his name or place of business, the title 'genetic counselor', 'licensed genetic counselor', 'gene counselor', 'genetic consultant', 'genetic associate' or any words, letters, abbreviations or insignia indicating or implying a person holds a genetic counseling license.

Nothing in this section shall be construed to prevent or restrict the practice, service or activities of:

(a) any person licensed, certified, or registered in the commonwealth, by any other statute other than as a genetic counselor from engaging in activities within the scope of practice of the profession or occupation for which he is licensed provided that he does not represent to the public, directly or indirectly, that he is licensed under sections 255 or 256, or under section 105 of chapter 13, and that he does not use any name, title or designation indicating that the person is licensed under those sections;

(b) any person employed as a genetic counselor by the federal government or an agency thereof if such person provides genetic counseling services solely under the direction and control of the organization by which he is employed;

(c) a student or intern enrolled in an approved genetic counseling education program if genetic counseling services performed by the student are an integral part of the student's course of study and are performed under the direct supervision of a licensed genetic counselor assigned to supervise the student and who is on duty and available in the assigned patient care area and if the person is designated by a title which clearly indicates his status as a student or intern;

(d) an individual trained as a PhD geneticist who is reapplying for the ABMGG certification examination and is gathering logbook cases under a supervisor identified in the training program's ABMGG accreditation documents as a member of the training faculty; and

(e) visiting ABGC or ABMGG-certified genetic counselors from outside the commonwealth operating as consultants or the use of occasional services of organizations from outside the commonwealth employing ABGC or ABMGG-certified genetic counselors."

The amendment was *rejected.*

Messrs. Gomez and Collins, Ms. Comerford, Ms. Kennedy, Ms. Miranda and Messrs. Eldridge and Payano moved that the proposed new text be amended by adding the following sections:- 51

"SECTION XX. Section 1 of chapter 151B of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by striking out, in line 138, the word 'handicap' and inserting in place thereof the following word:- disability.

SECTION XX. Section 4 of said chapter 151B, as so appearing, is hereby amended by

adding the following subsection:-

Section 20. (a) As used in this subsection, the following words shall have the following meaning unless the context clearly requires others:

'Disability', shall have the same meaning as defined in section 1 of chapter 151B.

'Short-term survival', an individual's assessed probability of surviving an acute illness from which they are presently suffering and being successfully discharged from a hospital or other inpatient medical facility.

(b) It shall be an unlawful practice:

(i) For any public or private entity or agency of the commonwealth, to approve or implement a plan for the distribution of scarce healthcare resources during a crisis, including, but not limited to, crisis standards of care implemented during a public health emergency, that deny an individual lifesaving treatment or place an individual at reduced priority for lifesaving treatment if such a determination is based on: (A) a presumption that an individual has a reduced quality of life due to a disability or chronic health condition; (B) a presumption that an individual's life is less worth saving due to a disability or chronic health condition; or (C) any measure, metric, or third party analysis which has the effect of setting a value for the life of an individual or individuals with a specific disability or medical diagnosis that is less than the value given to the life of an individual or individuals without a disability; provided however that this subsection shall not prohibit such a plan from considering an individual's prospects for short-term survival in determining whether they are prioritized for care.

(ii) For any public or private entity or agency of the commonwealth, to withhold any medical treatment to an individual based on: (A) a presumption that an individual has a reduced quality of life due to a disability or chronic health condition; (B) a presumption that an individual's life is less worth saving due to a disability or chronic health condition; or (C) any measure, metric, or third party analysis which has the effect of setting a value for the life of an individual or individuals with a specific disability or medical diagnosis that is less than the value given to the life of an individual or individuals without a disability.

(iii) For any public or private entity or agency of the commonwealth, when determining whether a healthcare treatment should be available within a formulary, or determining the value of a healthcare treatment, to employ a measure or metric which assigns a reduced value to the life extension provided by a treatment based on a pre-existing disability or chronic health condition of the individuals whom the treatment would benefit.

(iv) For a hospital or other entity engaged in the provision of healthcare to: (A) condition the provision of treatment on an individual having an order to not resuscitate, advance directive or any instruction relating to the administration, withholding or withdrawing of life-sustaining procedures or artificially administered nutrition and hydration; (B) communicate to any individual or person acting on behalf of the individual, before or after admission to the hospital, that treatment is conditioned on the individual having an order to not resuscitate, an advance directive or any instruction relating to the administration, withholding or withdrawing of life-sustaining procedures or artificially administered nutrition and hydration; (C) suggest to any individual, or person acting on behalf of the individual, who contacts the hospital regarding treatment for the individual that admission or treatment is conditioned on the individual having an order to not resuscitate, an advance directive or any instruction relating to the administration, withholding or withdrawing of life-sustaining procedures or artificially administered nutrition and hydration; or (D) discriminate in any other way against an individual based on whether the individual has an order to not resuscitate, an advance directive or any instruction relating to the administration, withholding or withdrawing of life-sustaining procedures or artificially administered nutrition and hydration.

(c) This subsection shall not prohibit a hospital from providing written materials and

information about advance directives to an individual or prohibit a licensed health care professional from engaging in a discussion with an individual about the written materials and information, so long as the professional does not disproportionately advise an individual to sign an advanced directive based on the race, ethnicity, gender, sexuality, or disability status of said individual.

(d) Nothing in this subsection shall prevent healthcare practitioners, hospitals or other healthcare entities from providing a medically appropriate course of treatment to an individual that they believe will extend that individual's life, improve their symptoms or alleviate pain and suffering.

(e) The secretary of health and human services shall promulgate regulations to implement this subsection.

SECTION XX. The secretary of health and human services shall promulgate regulations for the implementation of subsection 20 of section 4 of chapter 151B not later than 60 days after the effective date of this act."

The amendment was *rejected*.

Messrs. Rush and Oliveira moved that the proposed new text be amended by inserting 52
the following section:-

"SECTION XX. Section 16 of chapter 176O of the General Laws is hereby amended by striking out subsection (c) and inserting in place thereof the following subsections:-

(c) Carriers are prohibited from reducing the payment of a negotiated rate for evaluation and management or procedural services under a participating provider agreement that are furnished by a participating provider and that are otherwise covered services solely because the provider also billed other health care services, including but not limited to minor surgery, on the same day as the evaluation and management or procedural services. Any provision of a provider agreement that allows for a reduction in reimbursement as prohibited by this subsection shall be void.

(d) With respect to an insured enrolled in a health benefit plan under which the carrier or utilization review organization only provides administrative services, the obligations of a carrier or utilization review organization created by this section and related to payment shall be limited to recommending to the third party payor that coverage should be authorized."

The amendment was *rejected.*

Mr. Fattman moved that the proposed new text be amended by inserting after section 57
X the following sections:-

"SECTION XX. Clause (2) of subsection (b) of section 3 of chapter 175H of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by inserting, in line 40, after the word '94C' the following words:-

This clause shall not apply to any individual that cannot be medically prescribed the AB rated generic equivalent and can provide proof from their primary care practitioner."

The amendment was *rejected.*

Mr. Fattman moved that the proposed new text be amended by inserting after section 58
X the following section:-

"SECTION XX. Section 2 of chapter 201D of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by inserting after the first paragraph the following paragraph:-

If a health care agent has not been appointed by a competent adult through the execution of a health care proxy, health care decisions may be made by any of the following individuals, in the following order of priority, when it is determined pursuant to section six that the principal lacks capacity to make health care decisions: (i) the principal's spouse, (ii) an adult child of the principal, (iii) a parent of the principal, (iv) an adult sibling of the principal, (v) an adult relative of the principal who has exhibited special care and concern

for the principal and who has maintained regular contact with the principal and who is familiar with the principal's activities and health. Any health care decision made by a health care agent designated by this paragraph must be based on informed consent and on the decision the health care agent reasonably believes the patient would have made under the circumstances. If there is no indication of what the patient would have chosen, the health care agent may consider the patient's best interest in deciding that proposed treatments are to be withheld or that treatments currently in effect are to be withdrawn. No person under this paragraph shall be named a health care agent by execution of a health care proxy who: (i) is currently being investigated or is the subject of a criminal complaint or an indictment for any violation of chapter 265 of the General Laws that resulted in serious bodily injury to a principal who has become incapacitated; (ii) is currently being investigated by law enforcement, the department of elder services or the office of children and families for neglect, or is the subject of a criminal complaint or indictment therefore, of a principal who has become incapacitated; or (iii) has been convicted of committing an assault and battery or neglect and the commission of such offense resulted in serious bodily injury to a principal who has become incapacitated as defined by said chapter 265. Nothing in this paragraph shall prevent an individual from their right to deny signing the execution of a health care proxy for any reason."

The amendment was *rejected.*

Mr. Fattman moved that the proposed new text be amended by inserting after section X the following section:- 59

"SECTION XX. Section 117C of chapter 175 of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by adding after line 350 the following subsection:-

(16) Notwithstanding any general or special law to the contrary, the commissioner shall (i) provide summaries of rate changes offered in plain language to consumers, (ii) determine a time period in which advanced notice is given to consumers prior to proposed rate changes, and (iii) provide consumers with official comment periods to review and comment on proposed rate changes."

The amendment was *rejected.*

Messrs. O'Connor and Tarr moved that the proposed new text be amended by adding the following section:- 61

"SECTION XX. Section 54B of Chapter 71, as appearing in the 2014 Official Edition, is hereby amended by inserting the following after the word 'lunchrooms':-

A public school district or non-public school, as defined by the department of education, may register with the department for the purpose of permitting school personnel to administer epinephrine by auto injector in a life-threatening situation during the school day when a school nurse is not immediately available, including field trips, provided that the following conditions are met:

1. the school committee, or, in the case of a non-public school, the chief administrative officer, approves policies governing the administration of epinephrine;

2. the designated school nurse leader or responsible nurse has final decision making authority about the program;

3. the school personnel authorized to administer epinephrine by auto injector are trained and tested for competency by the designated school nurse leader or responsible school nurse, or school nurses designated by this person, in accordance with standards and a curriculum established by the department;

4. the designated school nurse leader or responsible school nurse manages and has final decision making authority about the program;

5. the epinephrine is administered for an emergency case of anaphylactic shock, as deemed by a properly trained and authorized school personnel, or in accordance with an individual medication administration plan;

6. when epinephrine is administered, there shall be immediate notification of the local emergency medical services system, followed by notification of the student's parent(s) or guardian(s) or, if the parent(s) or guardian(s) are not available, any other designated person(s), the school nurse, the student's physician, and the school physician, to the extent possible;

Any school personnel, properly trained and authorized to administer epinephrine, who provides, administers, or assists in the administration of epinephrine to a student believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

Epinephrine may lawfully be prescribed and dispensed to a public school district or non-public school registered with the Department. For purposes of this chapter, any such prescription shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice. The school district or nonpublic school may maintain said epinephrine kit in a secure but unlocked place, as determined by the school nurse leader or responsible school."

The amendment was *rejected.*

Messrs. Brady, Eldridge, Mark and Pacheco, Ms. Jehlen, Ms. Miranda and Messrs. Timilty and Payano moved that the proposed new text be amended in section 31, by inserting after the word "services", in line 682, the following words:- "including plans to maintain all essential health services for a period of at least five years". 62

The amendment was *rejected.*

Messrs. Montigny, Collins and Tarr moved that the proposed new text be amended in section 65, by striking out, in lines 1321 and 1322, the word "may", both times it appears, and inserting in place thereof the following word:- "shall"; and by adding the following sentence:- "The center may promulgate regulations to define "just cause" for the purpose of this section." 37

After remarks, the question on adoption of the amendment was determined by a call of the yeas and nays at twenty-six minutes before two o'clock P.M., on motion of Mr. Montigny, as follows, to wit (yeas 39 – nays 0) **[Yeas and Nays No. 203]:**

YEAS.

Barrett, Michael J.	Kennedy, Edward J.
Brady, Michael D.	Kennedy, Robyn K.
Brownsberger, William N.	Lewis, Jason M.
Collins, Nick	Lovely, Joan B.
Comerford, Joanne M.	Mark, Paul W.
Creem, Cynthia Stone	Miranda, Liz
Crighton, Brendan P.	Montigny, Mark C.
Cronin, John J.	Moore, Michael O.
Cyr, Julian	Moran, Susan L.
DiDomenico, Sal N.	O'Connor, Patrick M.
Durant, Peter J.	Oliveira, Jacob R.
Edwards, Lydia	Pacheco, Marc R.
Eldridge, James B.	Payano, Pavel M.
Fattman, Ryan C.	Rausch, Rebecca L.
Feeney, Paul R.	Rodrigues, Michael J.
Finegold, Barry R.	Rush, Michael F.
Friedman, Cindy F.	Tarr, Bruce E.
Gomez, Adam	Timilty, Walter F.
Jehlen, Patricia D.	Velis, John C. – **39.**

Keenan, John F.

NAYS − 0.

The yeas and nays having been completed at eighteen minutes before two o'clock P.M., the amendment was adopted.

Mr. Mark moved that the proposed new text be amended by inserting at the end thereof the following section:- 64

"SECTION XXX. Section 25C1/2 of said chapter 111, is hereby amended by striking out, in the title, the words 'of projects related to inpatient services' and inserting in place thereof the words "of certain projects"; and

By inserting after subsection (c)the following subsection (d):-

(d) Notwithstanding the provisions of section twenty-five C, no notice of determination of need shall be required of a federally designated critical access hospital affiliated with a federally designated sole community hospital for the following categories of projects:

(i) A replacement project of all or part of a Health Care Facility or service if the project will result in the replacement of facilities that are at least thirty (30) years old at the time construction commences. For the purposes of this subsection, the following definitions shall apply:

a. Replacement. Construction to sustain, restore or modernize a Health Care Facility or service for its designated purpose at least to its original functionality, without addition, or expansion.

b. Modernize. Alteration or replacement of all or part of a Health Care Facility or service to accommodate new or increased functionality, or beyond that necessary to Sustain or Restore said facility or service, without Addition or Expansion, provided that the following shall not be considered an addition or expansion:

i. creation of additional emergency department bays or examination rooms; and

ii. creation of multipurpose rooms for surgeries and endoscopies in place of separate operating and procedure rooms.

(ii) The acquisition of such number of imaging units so as to enable the hospital to have Baseline Imaging Capability. For the purposes of this provision, Baseline Imaging Capability is defined as one magnetic resonance imaging unit.

All projects exempt under subsection (d) shall obtain any required plan approvals from the department."

The amendment was *rejected.*

Messrs. Mark, Tarr and Oliveira moved that the proposed new text be amended by inserting at the end thereof the following section:- 65

"SECTION XXX. SECTION 1. Chapter 111 of the General Laws, as so appearing, is hereby amended in Section 25N (a) (2) by inserting after the words 'obstetrics/gynecology' in lines 7-8, the following words:- ', geriatrics, geriatric psychiatry, neurology, neuropsychology'."

The amendment was *rejected.*

Mr. Finegold moved that the proposed new text be amended by inserting after section XX the following section:- 67

"SECTION XX. Section 61 of chapter 59 of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by adding the following new paragraph:-

Notwithstanding the provisions of this section or section 59, no person or other business entity shall be eligible for an abatement of a tax on real estate if such person is the owner of a health care facility, as defined in section 187 of chapter 149, which is vacant at the time that any application for an abatement of such a tax is filed. If a person applying for an abatement of a tax of real estate has filed an application without a list of the owner's estate as provided for herein, said application shall include an attestation by the applicant

that they do not own any such vacant health care facility or other medical property; provided, however, that such attestation shall be in a form prescribed by the commissioner."

The amendment was *rejected.*

Messrs. Finegold and Moore moved that the proposed new text be amended by inserting after section XX the following sections:- 70

"SECTION XX. Section 64 of chapter 118E of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by inserting after the definition of 'Resident' the following new definition:-

'Supplemental shortfall assessmen', an amount equal to 50 percent of the annual revenue shortfall in the Health Safety Net Trust fund as determined by the executive office pursuant to subsection (a) of section 68A.

SECTION XX. Section 66 of said chapter 118E, as so appearing, is hereby amended in subsection (b) by striking out clause (i) and inserting in place thereof the following:- 'all amounts paid by hospitals and managed care organizations under sections 67, 68 and 68A;'.

SECTION XX. Said section 66 of said chapter 118E, as so appearing, is hereby further amended in subsection (b) by inserting after the words 'money transferred', the following:- 'by the executive office in accordance with section 68A of this chapter,'.

SECTION XX. Said chapter 118E, as so appearing, is hereby amended by adding the following new section:-

Section 68A. Supplemental MCO Assessment to Fund Shortfall

(a) Not later than April 1 of the year preceding the start of the fund fiscal year, the executive office shall estimate the projected total reimbursable health services provided by acute hospitals and community health centers and emergency bad debt costs, the total funding available and any projected shortfall after adjusting for reimbursement payments to hospitals and community health centers. If a shortfall in revenue is estimated to exist in any fund fiscal year to cover projected costs for reimbursement of health services, the executive office shall allocate 50 per cent of that shortfall amount to managed care organizations subject to an assessment in section 68 and that are not Medicaid managed care organizations.

(b) The executive office shall allocate the supplemental shortfall assessment in a manner consistent with the methods promulgated by the executive office to determine the managed care liability defined in section 68, with the exception that the supplemental shortfall assessment shall only be assessed to managed care organizations that are not Medicaid managed care organizations.

(c) The supplemental shortfall assessment shall be paid to the Health Safety Net Trust Fund, established in section 66, by managed care organizations subject to the assessment on a monthly basis and shall be assessed on all managed care organization services subject to assessment. The executive office shall finalize the supplemental surcharge amount for each fund fiscal year using best available data no later than 60 days after the fund fiscal year end.

(d) The secretary of health and human services shall implement the supplemental shortfall assessment described in this section and shall promulgate regulations necessary to support implementation of said assessment. In promulgating such regulations, the secretary of health and human services shall, at a minimum: (i) establish set assessment rates for the supplemental shortfall assessment; (ii) establish any necessary reporting requirements for managed care organizations; (iii) establish an appropriate mechanism for enforcing each managed care organization's supplemental shortfall assessment liability to the Health Safety Net Trust Fund, established in section 66, if a managed care organization rendering managed care organization services subject to assessment does not make a scheduled payment to the Health Safety Net Trust Fund; (iv) specify an appropriate mechanism for determination and payment of a managed care organization's supplemental shortfall assessment liability to the Health Safety Net Trust Fund; (v) identify the managed care organization services subject to the supplemental shortfall assessment; (vi) specify an appropriate mechanism for the

determination of a managed care organization's liability in cases of merger or transfer of ownership; and (vii) specify an appropriate mechanism by which any amounts paid by a managed care organization in excess of its supplemental shortfall assessment may be refunded or otherwise credited to the managed care organization.

SECTION XX. Section 69 of said chapter 118E, as so appearing, is hereby amended in subsection (b) by striking out the second sentence and inserting in place thereof the following:- 'If a shortfall in revenue exists in any fund fiscal year to cover projected costs for reimbursement of health services, the office shall allocate 50 per cent of that shortfall in a manner that reflects each hospital's proportional financial requirement for reimbursements from the fund, including, but not limited to, the establishment of a graduated reimbursement system and under any additional regulations promulgated by the office.'."

The amendment was *rejected.*

Mr. DiDomenico, Ms. Kennedy, Mr. Lewis, Ms. Jehlen, Ms. Miranda and Messrs. Gomez and Oliveira moved that the proposed new text be amended by adding the following sections:- 71

SECTION 1. Chapter 176J of the General Laws, as appearing in the 2020 Official Edition, is hereby amended in section 6 in subsection (c), as so appearing, by adding at the end thereof the following:-

'The subscriber contracts, rates and evidence of coverage for health benefit plans shall be subject to the disapproval of the commissioner of insurance. To promote health equity and access through commercial rate equity for high Medicaid safety net acute hospitals that predominantly serve communities that experience health disparities as a result of race, ethnicity, socioeconomic status or other status, for all commercial insured health benefit plan rates effective for rate years on and after January 1, 2023, the carrier's health benefit plan rates filed with the division of insurance are considered presumptively disapproved if the carrier's network provider reimbursement rates, inclusive of rates and targets within re-based alternative payment contracts, do not reimburse high Medicaid acute hospitals, defined as acute care hospitals with a fiscal year 2020 Medicaid payer mix at or above 25 per cent calculated using data published by the center for health information and analysis in April 2022 in its databook titled Massachusetts Hospital Profiles, at or greater than the carrier's statewide average commercial relative price calculated separately for acute hospital inpatient and outpatient services in accordance with requirements established by the division of insurance, based on the most recent relative price analysis by the center for health information and analysis. Carriers shall annually certify and provide hospital-specific evidence to the division of insurance that each high Medicaid acute hospital's rates meet a minimum threshold of the carrier's statewide average commercial relative price individually calculated for inpatient and outpatient services.'

SECTION 2. Chapter 176A of the General Laws is hereby amended in section 6, as so appearing, by adding the following after the word 'discriminatory':-

'The subscriber contracts, rates and evidence of coverage for health benefit plans shall be subject to the disapproval of the commissioner of insurance. To promote health equity and access through commercial rate equity for high Medicaid safety net acute hospitals that predominantly serve communities that experience health disparities as a result of race, ethnicity, socioeconomic status or other status, for all commercial insured health benefit plan rates effective for rate years on and after January 1, 2023, the carrier's health benefit plan rates filed with the division of insurance are considered presumptively disapproved if the carrier's network provider reimbursement rates, inclusive of rates and targets within alternative payment contracts, do not reimburse high Medicaid acute hospitals, defined as acute care hospitals with a fiscal year 2020 Medicaid payer mix at or above 25 per cent calculated using data published by the center for health information and analysis in April 2022 in its databook titled Massachusetts Hospital Profiles, at or greater than the carrier's

statewide average commercial relative price calculated separately for acute hospital inpatient and outpatient services in accordance with requirements established by the division of insurance, based on the most recent relative price analysis by the center for health information and analysis. Carriers shall annually certify and provide hospital-specific evidence to the division of insurance that each high Medicaid acute hospital's rates meet a minimum threshold of the carrier's statewide average commercial relative price individually calculated for inpatient and outpatient services.'

SECTION 3. Chapter 176B of the General Laws is hereby amended in section 4, as so appearing, by inserting the following after the word 'discriminatory':-

'The subscriber contracts, rates and evidence of coverage for health benefit plans shall be subject to the disapproval of the commissioner of insurance. To promote health equity and access through commercial rate equity for high Medicaid safety net acute hospitals that predominantly serve communities that experience health disparities as a result of race, ethnicity, socioeconomic status or other status, for all commercial insured health benefit plan rates effective for rate years on and after January 1, 2023, the carrier's health benefit plan rates filed with the division of insurance are considered presumptively disapproved if the carrier's network provider reimbursement rates, inclusive of rates and targets within alternative payment contracts, do not reimburse high Medicaid acute hospitals, defined as acute care hospitals with a fiscal year 2020 Medicaid payer mix at or above 25 per cent calculated using data published by the center for health information and analysis in April 2022 in its databook titled Massachusetts Hospital Profiles, at or greater than the carrier's statewide average commercial relative price calculated separately for acute hospital inpatient and outpatient services in accordance with requirements established by the division of insurance, based on the most recent relative price analysis by the center for health information and analysis. Carriers shall annually certify and provide hospital-specific evidence to the division of insurance that each high Medicaid acute hospital's rates meet a minimum threshold of the carrier's statewide average commercial relative price individually calculated for inpatient and outpatient services.'

SECTION 4. Chapter 176G of the General Laws, as appearing in the 2020 Official Edition, is hereby amended in section 16, as so appearing, by inserting the following after the word 'reasonable':-

'To promote health equity and access through commercial rate equity for high Medicaid safety net acute hospitals that predominantly serve communities that experience health disparities as a result of race, ethnicity, socioeconomic status or other status, for all commercial insured health benefit plan rates effective for rate years on and after January 1, 2023, the carrier's health benefit plan rates filed with the division of insurance are considered presumptively disapproved if the carrier's network provider reimbursement rates, inclusive of rates and targets within alternative payment contracts, do not reimburse high Medicaid acute hospitals, defined as acute care hospitals with a fiscal year 2020 Medicaid payer mix at or above 25 per cent calculated using data published by the center for health information and analysis in April 2022 in its databook titled Massachusetts Hospital Profiles, at or greater than the carrier's statewide average commercial relative price calculated separately for acute hospital inpatient and outpatient services in accordance with requirements established by the division of insurance, based on the most recent relative price analysis by the center for health information and analysis. Carriers shall annually certify and provide hospital-specific evidence to the division of insurance that each high Medicaid acute hospital's rates meet a minimum threshold of the carrier's statewide average commercial relative price individually calculated for inpatient and outpatient services.'

SECTION 5. Chapter 175 of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by adding the following new section:-

'Section 229. Approval of Contracts

The subscriber contracts, rates and evidence of coverage for health benefit plans shall be subject to the disapproval of the commissioner of insurance. No such contracts shall be approved if the benefits provided therein are unreasonable in relation to the rate charged, or if the rates are excessive, inadequate, or unfairly discriminatory.

To promote health equity and access through commercial rate equity for high Medicaid safety net acute hospitals that predominantly serve communities that experience health disparities as a result of race, ethnicity, socioeconomic status or other status, for all commercial insured health benefit plan rates effective for rate years on and after January 1, 2023, the carrier's health benefit plan rates filed with the division of insurance are considered presumptively disapproved if the carrier's network provider reimbursement rates, inclusive of rates and targets within alternative payment contracts, do not reimburse high Medicaid acute hospitals, defined as acute care hospitals with a fiscal year 2020 Medicaid payer mix at or above 25 per cent calculated using data published by the center for health information and analysis in April 2022 in its databook titled Massachusetts Hospital Profiles, at or greater than the carrier's statewide average commercial relative price calculated separately for acute hospital inpatient and outpatient services in accordance with requirements established by the division of insurance, based on the most recent relative price analysis by the center for health information and analysis. Carriers shall annually certify and provide hospital-specific evidence to the division of insurance that each high Medicaid acute hospital's rates meet a minimum threshold of the carrier's statewide average commercial relative price individually calculated for inpatient and outpatient services.

SECTION 6. The rules or regulations necessary to carry out this act shall be adopted not later than May 1, 2023 or not later than 90 days after the effective date of this act, whichever is sooner.'

SECTION 7. Sections 1, 2, 3, 4, 5 to 6, inclusive, shall take effect immediately upon the effective date of this act."

The amendment was *rejected.*

Mr. DiDomenico moved that the proposed new text be amended in line 792, by striking out the words "assisted living facilities". 72

The amendment was *rejected.*

Mr. DiDomenico, Ms. Miranda and Mr. Feeney moved that the proposed new text be amended by adding the following section:- 73

"SECTION ___. Section 9d of Chapter 118E of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by adding the following paragraph:-

(r) To ensure access to specialist and hospital care for dually eligible individuals residing in the Commonwealth, any dually eligible individual shall be permitted to receive health care services from any specialist or hospital provider in the commonwealth that participates in and is enrolled in Medicare or MassHealth, irrespective of any health plan or provider network limitation and subject to all others terms and conditions of the member's benefit plan. In such situations where an existing contractual relationship between the health plan and the hospital or specialist provider does not exist, the provider shall be reimbursed by the One Care or SCO plan at the Medicare or MassHealth fee-for-service amount for the service rendered, as applicable, unless the plan and provider already have a contract agreement in place for the covered service, or mutually agree to a different reimbursement amount for the service.

(1) To ensure continued access to primary, specialist, and hospital care for our most vulnerable members MassHealth shall require any One Care or SCO plan and provider that has terminated a contract that includes the provision of health care services to One Care or SCO members, to allow impacted members to continue to receive services from their primary care, specialist provider, or any inpatient or outpatient hospital subject to the termination, under the terms of the pre-existing contract, for twelve months following the

expiration of any continuity of care requirements that may follow the contractual termination. During this period, plans shall be required to maintain all contractual terms and conditions that were in effect with the provider prior to the notice of termination being sent by either party, including but not limited to reimbursement, unless mutually agreed upon by the plan and the provider. Plans and providers shall be prohibited from using this provision to avoid using good faith efforts to negotiate contractual arrangements."

The amendment was *rejected*.

Mr. Oliveira, Ms. Comerford and Messrs. Velis, Gomez and Payano moved that the proposed new text be amended in section 110, by inserting after the word "Pediatrics;", in line 2395, the following words:- "1 member from a rural health care practice with expertise in primary care; 1 member from Community Care Cooperative;". 76

The amendment was adopted.

Messrs. Kennedy and Tarr moved that the proposed new text be amended by inserting after section 39 the following:- 79

"SECTION XX. Section 1 of chapter 12C of the General Laws, as so appearing, is hereby amended by inserting after the definition of 'Ambulatory surgical center services' the following 3 definitions:-

'Average manufacturer price', the average price paid to a manufacturer for a drug in the commonwealth by a: (i) wholesaler for drugs distributed to pharmacies; and (ii) pharmacy that purchases drugs directly from the manufacturer.

'Biosimilar', a drug that is produced or distributed pursuant to a biologics license application approved under 42 U.S.C. 262(k)(3).

'Brand name drug', a drug that is: (i) produced or distributed pursuant to an original new drug application approved under 21 U.S.C. 355(c) except for: (a) any drug approved through an application submitted under section 505(b)(2) of the federal Food, Drug, and Cosmetic Act that is pharmaceutically equivalent, as that term is defined by the United States Food and Drug Administration, to a drug approved under 21 U.S.C. 355(c); (b) an abbreviated new drug application that was approved by the United States Secretary of Health and Human Services under section 505(c) of the federal Food, Drug and Cosmetic Act, 21 U.S.C. 355(c), before the date of the enactment of the federal Drug Price Competition and Patent Term Restoration Act of 1984, Public Law 98-417, 98 Stat. 1585; or (c) an authorized generic drug as defined by 42 C.F.R. 447.502; (ii) produced or distributed pursuant to a biologics license application approved under 42 U.S.C. 262(a)(2)(C); or (iii) identified by the carrier as a brand name drug based on available data resources such as Medi-Span."

By inserting after section 40, the following language:-

"SECTION XX. Said section 1 of said chapter 12C, as so appearing, is hereby further amended by inserting after the definition of 'General health supplies, care or rehabilitative services and accommodations' the following definition:-

'Generic drug', a retail drug that is: (i) marketed or distributed pursuant to an abbreviated new drug application approved under 21 U.S.C. 355(j); (ii) an authorized generic drug as defined by 42 C.F.R. 447.502; (iii) a drug that entered the market before January 1, 1962 that was not originally marketed under a new drug application; or (iv) identified by the carrier as a generic drug based on available data resources such as Medi-Span."

By inserting after section 48, the following language:-

"SECTION XX. Said section 1 of said chapter 12C, as so appearing, is hereby further amended by adding the following definition:-

'Wholesale acquisition cost', shall have the same meaning as defined in 42 U.S.C. 1395w-3a(c)(6)(B)."

By inserting after section 49, the following language:-

"SECTION XX. Section 3 of said chapter 12C, as so appearing, is hereby amended by inserting after the word 'organizations', in lines 13 and 14, the following words:- , pharmaceutical manufacturing companies, pharmacy benefit managers.

SECTION XX. Said section 3 of said chapter 12C, as so appearing, is hereby further amended by striking out, in line 24, the words 'and payer' and inserting in place thereof the following words:- , payer, pharmaceutical manufacturing company and pharmacy benefit manager."

By inserting after section 51, the following language:-

"SECTION XX. Section 5 of said chapter 12C, as so appearing, is hereby amended by striking out, in lines 11 and 12, the words 'and public health care payers' and inserting in place thereof the following words:- , public health care payers, pharmaceutical manufacturing companies and pharmacy benefit managers.

SECTION XX. Said section 5 of said chapter 12C, as so appearing, is hereby further amended by striking out, in line 15, the words 'and affected payers' and inserting in place thereof the following words:- affected payers, affected pharmaceutical manufacturing companies and affected pharmacy benefit managers."

By striking section 64 in its entirety and replacing it with the following language:-

"SECTION 64. Said chapter 12C is hereby further amended by inserting after section 10 the following section:-

Section 10A. (a) The center shall promulgate regulations necessary to ensure the uniform reporting of information from pharmaceutical manufacturing companies to enable the center to analyze: (i) year-over-year changes in wholesale acquisition cost and average manufacturer price for prescription drug products; (ii) year-over-year trends in net expenditures; (iii) net expenditures on subsets of biosimilar, brand name and generic drugs identified by the center; (iv) trends in estimated aggregate drug rebates, discounts or other remuneration paid or provided by a pharmaceutical manufacturing company to a pharmacy benefit manager, wholesaler, distributor, health carrier client, health plan sponsor or pharmacy in connection with utilization of the pharmaceutical drug products offered by the pharmaceutical manufacturing company; (v) discounts provided by a pharmaceutical manufacturing company to a consumer in connection with utilization of the pharmaceutical drug products offered by the pharmaceutical manufacturing company, including any discount, rebate, product voucher, coupon or other reduction in a consumer's out-of-pocket expenses including co-payments and deductibles under section 3 of chapter 175H; (vi) research and development costs as a percentage of revenue; (vii) annual marketing and advertising costs, identifying costs for direct-to-consumer advertising; (viii) annual profits over the most recent 5-year period; (ix) disparities between prices charged to purchasers in the commonwealth and purchasers outside of the United States; and (x) any other information deemed necessary by the center. The center shall require the submission of available data and other information from pharmaceutical manufacturing companies including, but not limited to: (i) wholesale acquisition costs and average manufacturer prices for prescription drug products as identified by the center; (ii) true net typical prices charged to pharmacy benefits managers by payor type for prescription drug products identified by the center, net of any rebate or other payments from the manufacturer to the pharmacy benefits manager and from the pharmacy benefits manager to the manufacturer; (iii) aggregate, company-level research and development costs to the extent attributable to a specific product and other relevant capital expenditures for the most recent year for which final audited data is available for prescription drug products as identified by the center; (iv) annual marketing and advertising expenditure; (v) the total amount of federal and state tax credits, incentives, grants and other subsidies provided to the manufacturer over the previous 10 calendar years that have been used to assist in the research and development of eligible drugs; and (vi) a description, absent proprietary information and written in plain

language, of factors that contributed to reported changes in wholesale acquisition costs, net prices and average manufacturer prices for prescription drug products as identified by the center.

(b) The center shall promulgate regulations necessary to ensure the uniform annual reporting of information from pharmacy benefit managers certified under chapter 176Y, including, but not limited to, data from the most recent calendar year detailing: (i) all discounts, including the total dollar amount and percentage discount and rebates received from a manufacturer for each drug on the pharmacy benefit manager's formularies; (ii) the total dollar amount of all discounts and rebates that are retained by the pharmacy benefit manager for each drug on the pharmacy benefit manager's formularies; (iii) actual total reimbursement amounts for each drug the pharmacy benefit manager pays retail pharmacies after all direct and indirect administrative and other fees that have been retrospectively charged to the pharmacies are applied; (iv) the negotiated price health plans pay the pharmacy benefit manager for each drug on the pharmacy benefit manager's formularies; (v) the amount, terms and conditions relating to copayments, reimbursement options and other payments or fees associated with a prescription drug benefit plan; and (vi) disclosure of any ownership interest the pharmacy benefit manager has in a pharmacy or health plan with which it conducts business or any corporate affiliation between the pharmacy benefit manager and the pharmacy or health plan with which it conducts business; provided, however, that the center may examine or audit the financial records of a pharmacy benefit manager for purposes of ensuring the information submitted pursuant to regulations promulgated under this section is accurate.

(b) The center shall analyze the information and data collected under subsections (a) and (b) and shall publish an annual report summarizing, at minimum, the information collected under said subsections (a) and (b) and comparing the information as it relates to pharmacy benefit managers certified under chapter 176Y with respect to drugs provided to residents of the commonwealth.

(c) Except as specifically provided otherwise by the center or under this chapter, data collected by the center pursuant to this section from pharmaceutical manufacturing companies and pharmacy benefit managers shall not be a public record under clause Twenty-sixth of section 7 of chapter 4 or chapter 66. The center may confidentially provide pharmaceutical manufacturing company and pharmacy benefit manager data collected by the center under this section to the health policy commission."

By striking the term "10" in line 1320 in section 65 and replacing it with the term "10A"

By striking section 73 in its entirety and inserting the following new language:- Subsection (a) of section 16 of said chapter 12C, as so appearing, is hereby amended by striking out the first sentence and inserting in place thereof the following sentence:-

"(a) The center shall publish an annual report based on the information submitted for that benchmark cycle under: (i) sections 8, 9, 10 and 10A concerning health care provider, provider organization, private and public health care payer, pharmaceutical manufacturing company and pharmacy benefit manager costs and cost and price trends; (ii) section 13 of chapter 6D relative to market power reviews; and (iii) section 15 of said chapter 6D relative to quality data." and

By inserting after section 75, the following language:-

"SECTION XX. Said section 16 of said chapter 12C, as so appearing, is hereby further amended by inserting after the second paragraph the following paragraph:-

As part of its annual report, the center shall report on prescription drug utilization and spending for pharmaceutical drugs provided in an outpatient setting or sold in a retail setting for private and public health care payers, including, but not limited to, information sufficient to show the: (i) highest utilization drugs; (ii) drugs with the greatest increases in utilization;

(iii) drugs that are most impactful on plan spending, both gross and net of rebates; and (iv) drugs with the highest year-over-year price increases, both gross and net of rebates. The report shall not contain any data that is likely to compromise the financial, competitive or proprietary nature of the information contained in the report. The report shall be published on the website of the center."

The amendment was *rejected.*

82 Messrs. Oliveira, Keenan and Payano moved that the proposed new text be amended in section 108, in lines 2281-2286, by striking out the words:- "unless the previously approved admission, procedure, treatment, service or course of medication is not a covered benefit under the insured member's new plan; provided, however, that a carrier may condition coverage of continued treatment by a provider under this subsection upon the provider's agreeing to accept reimbursement from the carrier at the average in-network rate and not to impose cost sharing with respect to the insured in an amount that would exceed the cost sharing imposed if the provider were in network".

The amendment was *rejected.*

83 Messrs. Oliveira, Eldridge, Mark, Brady, Keenan and Pacheco, Ms. Jehlen, Ms. Miranda and Messrs. Timilty, Payano and Feeney moved that the proposed new text be amended in section 32 by adding in line 777 after the word "needs" the following:- "including but not limited to the current number of beds and services provided by each acute care hospital and in-patient psychiatric hospital, the most recent year's admission and discharge data; (iii) a review of any discontinuation of essential health services and the closure of any healthcare units or facilities providing essential healthcare services and the effects of this on health care access; (iii) identify any essential health services that might be vulnerable to discontinuation or closure over the next five years."

The amendment was *rejected*.

87 Mr. Finegold moved that the proposed new text be amended in section 17 by striking out, in line 128, the figure "7" and inserting in place thereof the following figure:- "8"; and

By inserting after the words "health benefits administration.", in line 150, the following:- "The eighth person appointed by the governor shall have demonstrated expertise as a health insurance broker."

The amendment was *rejected*.

91 Mr. Brownsberger in the Chair, Messrs. O'Connor and Tarr moved that the proposed new text be amended by adding the following section:-

"SECTION XX. Section 184B of chapter 111 of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by inserting after the words 'federal hospitals,' the following words:- 'not-for-profit organizations registered as a blood establishment with the federal Food and Drug Administration'."

The amendment was *rejected*.

92 Messrs. Mark, Cyr and Oliveira, Ms. Rausch, Mr. Eldridge, Ms. Kennedy and Messrs. Brady, Pacheco, Payano and Feeney moved that the proposed new text be amended by inserting at the end thereof the following section:-

"SECTION XX. Section 1 of Chapter 12C of the General Laws is hereby amended by inserting after the definition of 'Self-insured group' the following definitions:-

'Single payer benchmark', the estimated total costs of providing health care to all residents of Massachusetts under a single payer health care system in the previous year, as established in section 23.

'Single payer health care', a system providing publicly financed, universal access to health care for the population through a unified public health care plan, simplifying administration and allowing the budgeting of health care spending.

Chapter 12C of the General Laws is hereby amended by inserting after section 24 the following:-

Section 25. (a) The center shall monitor, review, and evaluate reports related to single payer health care; provided, however, that the center shall also monitor the performance of single payer health care systems in other states and countries. (b) The center shall establish a single payer benchmark that shall be an estimate of the total cost of providing health care to all residents of Massachusetts under a single payer health care system during the previous year, provided that the single payer health care system offers continuous, comprehensive, affordable coverage for all Massachusetts residents regardless of income, assets, health status, or availability of other health coverage. (c) The center shall include in its annual report, as mandated by section 16 (a), a comparison of the single payer benchmark with the actual health care spending in the state for the previous year, indicating whether the state would have saved money while expanding access to care under a single payer health care system.

Chapter 6D of the General Laws is hereby amended by inserting after section 21 the following:-

Section 22. If at the outset of fiscal year 2026 the board determines that the single payer benchmark, as calculated by the Center for Health Information and Analysis under Section 25 of Chapter 12C, has outperformed the actual total health care spending and spending growth in the state, the commission shall, no later than June 30, 2027, submit a 'Single Payer Health Care Implementation Plan' to the Legislature for consideration. The Implementation Plan will be developed after holding public hearings and meetings across the state, and will consist of legislation to implement a single payer health care system for Massachusetts, as defined in Section 1 of Chapter 12C, and that offers continuous, comprehensive, affordable coverage for all Massachusetts residents regardless of income, assets, health status, or availability of other health coverage."

The amendment was *rejected.*

Ms. Jehlen moved that the proposed new text be amended by adding the following 93
sections:-

"SECTION__. Clause (ii) of subsection (b) of section 267 of chapter 112 of the General Laws is hereby amended by striking out the words 'controlled substance or prescription drug under chapter 94C' and by inserting in place thereof the words:- Schedule I-V controlled substance.

SECTION__. Clause (iv) of subsection (a) of section 268 of said chapter 112 is hereby amended by inserting, after the word 'equivalent', the following words:- state exam that existed prior to 1987.

SECTION__. Subsection (c) of section 269 of said chapter 112, as so inserted, is hereby amended by inserting, after the word 'board', the following words:- or a state exam that existed prior to 1987."

The amendment was *rejected.*

Mr. Eldridge, Ms. Kennedy and Ms. Jehlen moved that the proposed new text be 98
amended by inserting after section 125 the following sections:-

"SECTION XXX. Section 4 of chapter 19A of the general laws is hereby amended by adding in subsection (d) after the word 'persons', the following:- 'including, but not limited to, providing information about the Program of all-inclusive care for the elderly (PACE) pursuant to 42 CFR Part 460.60'.

SECTION XXX. Section 4B of chapter 19A of the general laws is hereby amended by adding in the fourth paragraph after the words 'referral services to elders' in subsection (1) the following:- 'provided, that said information and referral services shall include, but not be limited to, information about the Program of all-inclusive care for the elderly (PACE) pursuant to 42 CFR Part 460.60;'

SECTION XXX. Section 9 of chapter 118E of the general laws is hereby amended by striking paragraph four and adding in place there of the following:-

'A person seeking admission to a long-term care facility paid for by MassHealth shall receive pre-admission counseling for long-term care services, which shall include an assessment of community-based service options including but not limited to the Program of all-inclusive care for the elderly (PACE) pursuant to CFR Part 460.60. A person seeking care in a long-term care facility on a private pay basis shall be offered pre-admission counseling. For the purposes of this section, pre-admission counseling shall be conducted by the executive office of health and human services or the executive office of elder affairs or their subcontractors. The executive office of elder affairs shall, in consultation with the office of acute and ambulatory care in the executive office of health and human services, study the advisability and feasibility of using certain Medicaid providers to provide pre-admission counseling. The division shall report to the general court on an annual basis the number of individuals who received pre-admission counseling under this section and the number of diversions to the community generated by the pre-admission counseling program'."

The amendment was *rejected*.

Messrs. Feeney, Eldridge, Mark, Brady, Keenan, Pacheco and Velis, Ms. Miranda and Messrs. Timilty and Payano moved that the proposed new text be amended in section 67, by inserting after the word "setting", in line 1391, the following words:- "and is a representative of the Massachusetts Nursing Association". 99

The amendment was *rejected.*

Messrs. Pacheco and Feeney and Ms. Edwards moved that the proposed new text be amended adding after section__ the following section:- 104

"SECTION ____. Section 9d of Chapter 118E of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by adding the following new paragraph:-

(r) To ensure access to specialist and hospital care for dually eligible individuals residing in the Commonwealth, any dually eligible individual shall be permitted to receive health care services from any specialist or hospital provider in the commonwealth that participates in and is enrolled in Medicare or MassHealth, irrespective of any health plan or provider network limitation and subject to all others terms and conditions of the member's benefit plan. In such situations where an existing contractual relationship between the health plan and the hospital or specialist provider does not exist, the provider shall be reimbursed by the One Care or SCO plan at the Medicare or MassHealth fee-for-service amount for the service rendered, as applicable, unless the plan and provider already have a contract agreement in place for the covered service, or mutually agree to a different reimbursement amount for the service.

(1) To ensure continued access to primary, specialist, and hospital care for our most vulnerable members MassHealth shall require any One Care or SCO plan and provider that has terminated a contract that includes the provision of health care services to One Care or SCO members, to allow impacted members to continue to receive services from their primary care, specialist provider, or any inpatient or outpatient hospital subject to the termination, under the terms of the pre-existing contract, for twelve months following the expiration of any continuity of care requirements that may follow the contractual termination. During this period, plans shall be required to maintain all contractual terms and conditions that were in effect with the provider prior to the notice of termination being sent by either party, including but not limited to reimbursement, unless mutually agreed upon by the plan and the provider. Plans and providers shall be prohibited from using this provision to avoid using good faith efforts to negotiate contractual arrangements."

After debate, the question on adoption of the amendment was determined by a call of the yeas and nays at twenty-one minutes past two o'clock P.M., on motion of Mr. Pacheco, as follows, to wit (yeas 7 – nays 32) **[Yeas and Nays No. 204]:**

YEAS.

Brady, Michael D.	O'Connor, Patrick M.
Collins, Nick	Pacheco, Marc R.
DiDomenico, Sal N.	Timilty, Walter F. – **7.**
Feeney, Paul R.	

NAYS.

Barrett, Michael J.	Kennedy, Edward J.
Brownsberger, William N.	Kennedy, Robyn K.
Comerford, Joanne M.	Lewis, Jason M.
Creem, Cynthia Stone	Lovely, Joan B.
Crighton, Brendan P.	Mark, Paul W.
Cronin, John J.	Miranda, Liz
Cyr, Julian	Montigny, Mark C.
Durant, Peter J.	Moore, Michael O.
Edwards, Lydia	Moran, Susan L.
Eldridge, James B.	Oliveira, Jacob R.
Fattman, Ryan C.	Payano, Pavel M.
Finegold, Barry R.	Rausch, Rebecca L.
Friedman, Cindy F.	Rodrigues, Michael J.
Gomez, Adam	Rush, Michael F.
Jehlen, Patricia D.	Tarr, Bruce E.
Keenan, John F.	Velis, John C. – **32.**

The yeas and nays having been completed at half past two o'clock P.M., the amendment was *rejected.*

Recess.

Recess.

There being no objection, at twenty-eight minutes before three o'clock P.M., the Chair (Mr. Brownsberger) declared a recess, subject to the call of the Chair; and at ten minutes before four o'clock P.M., the Senate reassembled, Mr. Brownsberger in the Chair.

PAPER FROM THE HOUSE

Committee of Conference Report.

Firearm laws.

A report of the committee of conference of the disagreeing votes of the two branches, with reference to the Senate amendments to the House Bill modernizing firearm laws (House, No. 4139) (*amended by the Senate* by striking out all after the enacting clause and inserting in place thereof the text contained in Senate document numbered 2584; and by striking out the title and inserting in place thereof the following title: "An Act to sensibly address firearm violence through effective reform"),-- reported, a "Bill modernizing firearm laws" (House, No. 4885),-- came from the House, and was read.

Ms. Creem moved to suspend the rules to consider the report forthwith; but objection was made thereto by Mr. Tarr.

The question on suspension of the rules was determined by a call of the yeas and nays, at nine minutes before four o'clock P.M., on motion of Mr. Tarr as follows, to wit (yeas 35 – nays 5) **[Yeas and Nays No. 205]**:

YEAS.

Barrett, Michael J.	Kennedy, Edward J.
Brady, Michael D.	Kennedy, Robyn K.
Brownsberger, William N.	Lewis, Jason M.

Collins, Nick	Lovely, Joan B.
Comerford, Joanne M.	Mark, Paul W.
Creem, Cynthia Stone	Miranda, Liz
Crighton, Brendan P.	Montigny, Mark C.
Cronin, John J.	Moore, Michael O.
Cyr, Julian	Moran, Susan L.
DiDomenico, Sal N.	Oliveira, Jacob R.
Edwards, Lydia	Payano, Pavel M.
Eldridge, James B.	Rausch, Rebecca L.
Feeney, Paul R.	Rodrigues, Michael J.
Finegold, Barry R.	Rush, Michael F.
Friedman, Cindy F.	Spilka, Karen E.
Gomez, Adam	Timilty, Walter F.
Jehlen, Patricia D.	Velis, John C. – **35.**
Keenan, John F.	

NAYS.

Durant, Peter J.	Pacheco, Marc R.
Fattman, Ryan C.	Tarr, Bruce E. – **5.**
O'Connor, Patrick M.	

The yeas and nays having been completed at four o'clock P.M., two-thirds of the members present having voted in the affirmative, the rules were suspended.

Mr. Durant then moved that the further consideration thereof be postponed until Wednesday, July 24th, 2024.

After remarks, the question on postponement was determined by a call of the yeas and nays, at seven minutes past four o'clock P.M., on motion of Mr. Durant, as follows, to wit (yeas 5 — nays 35) **[Yeas and Nays No. 206]**:

YEAS.

Durant, Peter J.	Pacheco, Marc R.
Fattman, Ryan C.	Tarr, Bruce E. – **5.**
O'Connor, Patrick M.	

NAYS.

Barrett, Michael J.	Kennedy, Edward J.
Brady, Michael D.	Kennedy, Robyn K.
Brownsberger, William N.	Lewis, Jason M.
Collins, Nick	Lovely, Joan B.
Comerford, Joanne M.	Mark, Paul W.
Creem, Cynthia Stone	Miranda, Liz
Crighton, Brendan P.	Montigny, Mark C.
Cronin, John J.	Moore, Michael O.
Cyr, Julian	Moran, Susan L.
DiDomenico, Sal N.	Oliveira, Jacob R.
Edwards, Lydia	Payano, Pavel M.
Eldridge, James B.	Rausch, Rebecca L.
Feeney, Paul R.	Rodrigues, Michael J.
Finegold, Barry R.	Rush, Michael F.
Friedman, Cindy F.	Spilka, Karen E.
Gomez, Adam	Timilty, Walter F.
Jehlen, Patricia D.	Velis, John C. – **35.**
Keenan, John F.	

The yeas and nays having been completed at twelve minutes past four o'clock P.M., the motion to postpone was *negatived*.

Mr. Fattman then moved that the Clerk, or a designee, read the text of the pending conference report (House, No. 4885) in its entirety.

After remarks, the question on reading the text of the pending conference report (House, No. 4885) in its entirety was determined by a call of the yeas and nays, at a quarter past four o'clock P.M., on motion of Mr. Fattman, as follows, to wit (yeas 6 — nays 34) **[Yeas and Nays No. 207]**:

YEAS.

Durant, Peter J.	Moore, Michael O.
Fattman, Ryan C.	O'Connor, Patrick M.
Montigny, Mark C.	Tarr, Bruce E. – **6.**

NAYS.

Barrett, Michael J.	Keenan, John F.
Brady, Michael D.	Kennedy, Edward J.
Brownsberger, William N.	Kennedy, Robyn K.
Collins, Nick	Lewis, Jason M.
Comerford, Joanne M.	Lovely, Joan B.
Creem, Cynthia Stone	Mark, Paul W.
Crighton, Brendan P.	Miranda, Liz
Cronin, John J.	Moran, Susan L.
Cyr, Julian	Oliveira, Jacob R.
DiDomenico, Sal N.	Pacheco, Marc R.
Edwards, Lydia	Payano, Pavel M.
Eldridge, James B.	Rausch, Rebecca L.
Feeney, Paul R.	Rodrigues, Michael J.
Finegold, Barry R.	Rush, Michael F.
Friedman, Cindy F.	Spilka, Karen E.
Gomez, Adam	Timilty, Walter F.
Jehlen, Patricia D.	Velis, John C. – **34.**

The yeas and nays having been completed at twenty minutes past four o'clock P.M., the motion to read the text of the pending conference report (House, No. 4885) in its entirety was *negatived*.

After further debate, the question on acceptance of the report of the committee of conference was determined by a call of the yeas and nays, at eighteen minutes before five o'clock P.M., on motion of Ms. Creem as follows, to wit (yeas 35 – nays 5) **[Yeas and Nays No. 208]**:

YEAS.

Barrett, Michael J.	Kennedy, Edward J.
Brady, Michael D.	Kennedy, Robyn K.
Brownsberger, William N.	Lewis, Jason M.
Collins, Nick	Lovely, Joan B.
Comerford, Joanne M.	Mark, Paul W.
Creem, Cynthia Stone	Miranda, Liz
Crighton, Brendan P.	Montigny, Mark C.
Cronin, John J.	Moore, Michael O.
Cyr, Julian	Moran, Susan L.
DiDomenico, Sal N.	Oliveira, Jacob R.

Edwards, Lydia	Payano, Pavel M.
Eldridge, James B.	Rausch, Rebecca L.
Feeney, Paul R.	Rodrigues, Michael J.
Finegold, Barry R.	Rush, Michael F.
Friedman, Cindy F.	Spilka, Karen E.
Gomez, Adam	Timilty, Walter F.
Jehlen, Patricia D.	Velis, John C. – **35.**
Keenan, John F.	

NAYS.

Durant, Peter J.	Pacheco, Marc R.
Fattman, Ryan C.	Tarr, Bruce E. – **5.**
O'Connor, Patrick M.	

The yeas and nays having been completed at twelve minutes before five o'clock P.M., the report was accepted, in concurrence.

Order of the Day.

The Orders of the Day were further considered as follows:

The House Bill enhancing the market review process (House, No. 4653),-- the main question being on ordering the bill to a third reading. Health care,-- market review process.

Mr. Feeney moved that the proposed new text be amended in section 12, by striking out, in lines 85 through 87, the words "provided further, that pharmacy benefit manager shall include a health benefit plan sponsor that does not contract with a pharmacy benefit manager and manages its own prescription drug benefits unless specifically exempted by the commission" and replacing it with the following new language:- "and provided further, that "pharmacy benefit manager" shall not include a carrier that is licensed by the division or a health benefit plan sponsor that performs any pharmacy benefits manager functions.";

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In section 44, by striking out, in lines 1052 through 1054, the words "provided further, that "pharmacy benefit manager" shall include a health benefit plan sponsor that does not contract with a pharmacy benefit manager and manages its own prescription drug benefits unless specifically exempted by the commission" and replacing it with the following new language:- "and provided further, that "pharmacy benefit manager" shall not include a carrier that is licensed by the division or a health benefit plan sponsor that performs any pharmacy benefits manager functions."; and

In section 109, by striking out, in lines 2327 through 2238, the words "and provided further, that "pharmacy benefit manager" shall not include a health benefit plan sponsor unless otherwise specified by the division" and replacing it with the following new language:- "and provided further, that "pharmacy benefit manager" shall not include a carrier that is licensed by the division or a health benefit plan sponsor that performs any pharmacy benefits manager functions."

The amendment was *rejected.*

Mr. Keenan moved that the proposed new text be amended by inserting, after the word "class", in line 46, the following words:- ", place of birth, citizenship status"; and, by inserting, after the word "class", in line 1011, the following words:- ", place of birth, citizenship status".

112

After remarks, the amendment was *rejected.*

Messrs. Keenan and Montigny moved that the proposed new text be amended in section 26 by inserting, after the word "investors", in line 338, the following words:- ", compensation including, but not limited to: base salaries, incentives, bonuses, stock options, deferred compensations, benefits and contingent payments to officers, managers and

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directors of provider organizations acquired, owned or managed, in whole or in part, by said private equity firms, real estate investment trusts or management services organizations".

After remarks, the amendment was adopted.

Mr. Keenan moved that the proposed new text be amended in section 61, by striking out, in line 1256, the words "and (v)" and inserting in place thereof the following words:- "(v) drugs with the highest out-of-pocket costs including, but not limited to, coinsurances, copayments and deductibles expended by patients; and (vi)". 114

After remarks, the amendment was adopted.

Mr. Keenan moved that the proposed new text be amended by striking out, in lines 2075 to 2076, the following words:- "the diagnosis, diagnostic terminology or codes that are entered into the medical record; or (v)" and inserting in place thereof the following words-: "the types of treatments and medications prescribed; (v) the diagnosis, diagnostic terminology or codes that are entered into the medical record; or (vi)". 115

After remarks, the amendment was *rejected.*

Mr. Keenan moved that the proposed new text be amended by inserting, in line 2277, after the word "not", the following words:- "deny or"; and by striking out, in lines 2279 to 2284, the following words:- "unless the previously approved admission, procedure, treatment, service or course of medication is not a covered benefit under the insured member's new plan; provided, however, that a carrier may condition coverage of continued treatment by a provider under this subsection upon the provider's agreeing to accept reimbursement from the carrier at the average in-network rate and not to impose cost sharing with respect to the insured in an amount that would exceed the cost sharing imposed if the provider were in network." and inserting in place thereof the following words:- ". In cases where admission, procedure, treatment, service or course of medication is not covered by the carrier, a member's provider shall accept reimbursement from the carrier at the average in-network rate and not impose cost sharing with respect to the insured in an amount that would exceed the cost sharing imposed if the provider were in network.". 116

After remarks, the amendment was *rejected*.

Mr. Keenan moved that the proposed new text be amended by inserting, after the word "medication", in line 2285, the following words:- "and service". 117

After remarks, the amendment was *rejected*.

Mr. Keenan moved that the proposed new text be amended by inserting, after the word "client", in line 2380, the following words:- "or any other entity seeking a contract"; and by inserting, after the word "client", in line 2382, the following words:- "or any other entity seeking a contract". 118

After remarks, the amendment was *rejected*.

Mr. Keenan moved that the proposed new text be amended in section 111, by striking out, in line 2454, the figure "11" and inserting in place thereof the following figure:- "12"; and by inserting after the word "Society", in line 2459, the following words:- "; 1 representative from Massachusetts Association for Mental Health, Inc.". 119

After remarks, the amendment was adopted.

Mr. Keenan moved that the proposed new text be amended by striking out, in lines 2481 to 2482, the following words:- "expedited utilization review processes across carriers; and (xi)" and inserting in place thereof the following words:- "the administrative burden resulting from prior authorization; (xi) expedited utilization review processes across carriers; and (xii)". 120

After remarks, the amendment was *rejected*.

Messrs. Payano and Tarr moved that the proposed new text be amended in section 19, by inserting after the word "organizations", in line 218, the second time it appears, the following words:- ", organizations involved in health equity advocacy". 127

The amendment was adopted.

Mr. Collins and Ms. Miranda moved that the proposed new text be amended by inserting after section___ the following section:-

"SECTION___. Section 150A of chapter 111 of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by inserting after the seventeenth paragraph, the following paragraphs:-

The Department of Environmental Protection in consultation with the Department of Public Health shall adopt regulations related to violations of the terms of a permit by facilities within environmental justice communities. The regulations shall include, but not be limited to: substantial monetary fines that increase with each violation of the terms of a permit by facilities within environmental justice communities and permit revocation for facilities within environmental justice communities that violate the terms of such permit regularly.

No transfer station shall be permitted to accept waste from municipalities other than the municipality said facility is located in if that municipality has a population of 100,000 people or more."

The amendment was *rejected.*

There being no objection, during consideration of the Orders of the Day, the following matters were considered:

Matter Taken Out of the Notice Section of the Calendar.

There being no objection, the following matter was taken out of the Notice Section of the Calendar and considered as follows:

Lowell,-- city council and school committee.

The Senate Bill providing for the filling of vacancies on the city council and school committee in the city of Lowell (Senate, No. 2762) (its title having been changed by the committee on Bills in the Third Reading),-- was read a third time.

Pending the question on passing the bill to be engrossed, Mr. Kennedy offered an amendment substituting a new draft with the same title (Senate, No. 2878).

The amendment was adopted.

The bill (Senate, No. 2878), was then passed to be engrossed.

Sent to the House for concurrence.

Order of the Day.

The Orders of the Day were further considered as follows:

Health care,-- market review process.

The House Bill enhancing the market review process (House, No. 4653),-- the main question being on ordering the bill to a third reading.

Messrs. Finegold, Lewis and Moore moved that the proposed new text be amended in section 27 by striking out, in line 394, the figure "3" and inserting in place thereof the following figure:- "4";

By inserting after the word "website.", in line 440, the following:-

"Section 9B. (a) For the purposes of this section, "low historic relative price hospital" shall mean an acute hospital: (i) with an average statewide relative price across all carriers that is less than 0.85; and (ii) that is either corporately independent or is corporately affiliated with 2 or more acute hospitals but negotiates carrier contracts separately and on its own behalf. The commission, in consultation with the center, shall annually publish a list of acute hospitals that qualify as low historic relative price hospitals under this section.

(b) The commission shall establish a rate equity target to advance the equitable reimbursement of low historic relative price hospitals as follows:

(1) For the benchmark cycle of calendar years 2026 to 2029, inclusive, a carrier shall not pay any in-network low historic relative price hospital a payment rate that is less than 15 per cent below the average relative price of all acute hospitals in the carrier's network;

(2) For the benchmark cycle of calendar years 2029 to 2032, inclusive, the average annual reimbursement rate increase from a carrier to a low historic relative price hospital shall be not less than 2 per cent above the health care cost growth benchmark;

(3) For the benchmark cycle of calendar years 2032 to 2035, inclusive, the average annual reimbursement rate increase from a carrier to a low historic relative price hospital shall be not less than 1 per cent above the health care cost growth benchmark; and

(4) Beginning in the benchmark cycle of calendar years 2035 to 2038, inclusive, and beyond, the average annual reimbursement rate increase from a carrier to a low historic relative price hospital shall be not less than the health care cost growth benchmark."; and

By inserting after the word "plan.", in line 453, the following:-

"The commission may require a carrier to file and implement a performance improvement plan if the commission determines that the carrier has both: (i) exceeded the health care cost growth benchmark; and (ii) failed to meet the rate equity target established by section 9A."

The amendment was *rejected*.

Messrs. Finegold and Moore moved that the proposed new text be amended by striking, 141
in line 15, the figure "2" and inserting in place thereof the following figure:- "3"; and

By striking, in line 986, the figure "2" and inserting in place thereof the following figure:- "3".

The amendment was *rejected*.

Messrs. Pacheco, Eldridge, Brady and Keenan, Ms. Miranda and Messrs. Payano and 146
Montigny moved that the proposed new text be amended in section 32, by striking out, in line 766 the figure "2" and inserting in place thereof the following figure:- "3"; and

In said section 32, by inserting after proposed section 23 of chapter 6D of the General Laws, the following section:-

"Section 24. If a provider or provider organization as defined in section 1, closes, declares bankruptcy or otherwise discontinues its operations due to financial insolvency, the executive office may take immediate control of the provider's or provider organization's property and assets and administer them in accordance with applicable laws and with any regulations promulgated pursuant to this section to avoid disruptions in care and to ensure an effective and expeditious transfer of ownership and control of such property and assets; provided, however, that the executive office shall make efforts to identify a purchaser of value for the property and assets or a substitute provider or provider organization to purchase the property and assets for the purpose of restoring care and services to affected patients; and provided further that the executive office shall endeavor to satisfy creditors' claims in accordance with applicable court processes.

The executive office of health and human services shall promulgate regulations to implement this section."

After debate, the question on adoption of the amendment was determined by a call of the yeas and nays at two minutes before six o'clock P.M., on motion of Mr. Pacheco, as follows, to wit (yeas 10 – nays 30) **[Yeas and Nays No. 209]:**

YEAS.

Brady, Michael D.	Montigny, Mark C.
Collins, Nick	Moore, Michael O.
Eldridge, James B.	O'Connor, Patrick M.
Fattman, Ryan C.	Pacheco, Marc R.
Keenan, John F.	Timilty, Walter F. – **10.**

NAYS.

Barrett, Michael J.	Kennedy, Edward J.
Brownsberger, William N.	Kennedy, Robyn K.

Comerford, Joanne M.	Lewis, Jason M.
Creem, Cynthia Stone	Lovely, Joan B.
Crighton, Brendan P.	Mark, Paul W.
Cronin, John J.	Miranda, Liz
Cyr, Julian	Moran, Susan L.
DiDomenico, Sal N.	Oliveira, Jacob R.
Durant, Peter J.	Payano, Pavel M.
Edwards, Lydia	Rausch, Rebecca L.
Feeney, Paul R.	Rodrigues, Michael J.
Finegold, Barry R.	Rush, Michael F.
Friedman, Cindy F.	Spilka, Karen E.
Gomez, Adam	Tarr, Bruce E.
Jehlen, Patricia D.	Velis, John C. – **30.**

The yeas and nays having been completed at six minutes past six o'clock P.M., the amendment was *rejected.*

There being no objection, during consideration of the Orders of the Day, the following matter were considered:

PAPER FROM THE HOUSE

Engrossed Bill.

Bill laid before the Governor.

An engrossed Bill modernizing firearm laws (see House, No. 4885) (which originated in the House), **having been certified by the Senate Clerk to be rightly and truly prepared for final passage, was passed to be enacted and signed by the Acting President (Ms. Creem) (having been appointed, by the President, under authority conferred by Senate Rule 4, to perform the duties of the Chair) and laid before the Governor for her approbation.**

Order of the Day.

The Orders of the Day were further considered as follows:

Health care,-- market review process.

The House Bill enhancing the market review process (House, No. 4653),-- the main question being on ordering the bill to a third reading.

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Mr. Brownsberger in the Chair, Mr. Cronin moved that the proposed new text be amended in section 93, by inserting after the word “medicine”, in line 1846, the following words:- “and experts in the field of office-based surgical care, including not less than 3 physicians in such field in the commonwealth”.

The amendment was adopted.

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Mr. Feeney, Ms. Rausch and Mr. Moore moved that the proposed new text be amended by inserting after section __ the following section:-

“SECTION __. (a) Notwithstanding the provisions of any general or special law to the contrary, the executive office of health and human services, in collaboration with the department of public health and the emergency medical care advisory board, shall establish a special task force to issue a report and make recommendations on the structure, support and delivery of emergency medical services in the commonwealth. The commission shall look at all aspects of emergency medical services and impact on patient quality of care, including but not limited to: the ability to designate emergency medical services as an essential service in the commonwealth; workforce development initiatives; training; compensation; retention; costs versus expenses of care; reimbursement rates; organization

of EMS services; the feasibility of reorganizing the emergency medical care advisory board within the executive office of public safety and security, and; local and state support. The task force shall consist of the following members: the secretary of health and human services or their designee, who shall serve as co-chair; the commissioner of the department of public health or their designee, who shall service as co-chair; and one representative from each of the following organizations: the Massachusetts Health & Hospital Association; the Massachusetts Ambulance Association; the Professional Fire Fighters of Massachusetts; the Fire Chiefs Association of Massachusetts; the Massachusetts Association of Behavioral Health Systems; the Association for Behavioral Health Care; the Massachusetts College of Emergency Physicians, the Massachusetts Emergency Nurses Association, and; the Massachusetts Senior Care Association.

(b) The task force shall conduct an analysis and issue a report which shall include but not be limited to: (i) a review of the methodologies used for determining reimbursement rates affecting the availability of emergency and non-emergency ambulance transport, including a review of a cost-based method for rate determination, and the potential need to reimburse certain transports requiring longer transport-times or further geographical distances at a higher rate, including but not limited to transports to and within the behavioral health system; (ii) an assessment on the efficacy of the MassHealth non-emergency wheelchair van brokerage program; (iii) industry-wide workforce initiatives including, but not limited to, strategies to improve recruitment, training, including but not limited to, transitional training opportunities for emergency medical services, and cost of training, certification, and licensure ; (iv) impact of municipal ambulance service contracts being exempt from public bidding requirements; (v) impact of administrative barriers on access and utilization of non-emergency ambulance transport; (vi) An analysis of current EMS point of entry protocols in urban, suburban, and rural settings, including but not limited to the assessment of resource allocation and capacity planning related to EMS transport; (vii) the role of external economic factors on the development, sustainability, and retention of the emergency medical service workforce such as the increases in the minimum wage and competition from other industries; and (IX) recommendations on coverage and reimbursement methodology for emerging models, including but not limited to mobile integrated health and alternative behavioral health transportation.

(c) The task force shall convene its first meeting within 30 days of the effective date of this act. The task force shall submit its report, including recommendations to address any statutory, regulatory, budgetary, or other barriers to implementing said recommendations, with the clerks of the house of representatives and senate, the joint committee on health care financing, the joint committee on labor and workforce development, joint committee on public safety and homeland security, and the house and senate committees on ways and means within six months of the effective date of this act".

The amendment was *rejected.*

Ms. Rausch moves that the proposed new text be amended in section 108 by inserting after the word "enrollment", in line 2279, the following words:- ; provided, however, that no subsequent change shall be made; and 157

By striking out, in line 2280, the words "provided, however" and inserting in place thereof the following words:- "and provided further".

The amendment was *rejected.*

Messrs. Feeney and O'Connor move that the proposed new text be amended by inserting after section __ the following sections:- 159

"SECTION __. (a) There shall be within the department of public health, division of sexual health and youth development a contaminated drinks response and intervention task force to study, report, and recommend regulations relative to patient access to hospital care following a confirmed or suspected contaminated drinks incident.

(b) The contaminated drinks response and intervention task force shall consist of the following members or their designees: the commissioner of the department of public health, who shall serve as chair; the secretary of health and human services; the director of nightlife economy in the city of Boston; twelve members appointed by the chair, one of whom shall be a representative from the Professional Fire Fighters of Massachusetts, one of whom shall be a representative from the Massachusetts Coalition of Police, one of whom shall be a representative from Mass Restaurants United, one of whom shall be a representative from the Massachusetts Restaurant Association, one of whom shall be a representative from the Boston Area Rape Crisis Center, one of whom shall be a representative from the Massachusetts Medical Society, one of whom shall be a representative from the Massachusetts Alcoholic Beverages Control Commission, one of whom shall be a representative from the Massachusetts Nurses Association, one of whom shall be a victim of a contaminated drinks incident, one of whom shall be a representative from the Massachusetts Health & Hospital Association, one of whom shall be a representative from the Massachusetts State Police Crime Laboratory, one of whom shall be a representative with the Sexual Assault Nurse Examiner; two members of the senate, one of whom shall be appointed by the president of the senate, one of whom shall be appointed by the minority leader of the senate; two members of the house of representatives, one of whom shall be appointed by the speaker of the house of representatives, one of whom shall be appointed by the minority leader of the house.

(c) The taskforce shall be tasked with (i) formulating the definition of contaminated drinks; (ii) collecting data and tracking confirmed incidents of contaminated drinks; (iii) issuing recommendations on standardizing care, and testing at hospital facilities across the commonwealth for suspected contaminated drinks incidents regardless of whether or not a sexual assault has occurred; (iv) establishing a trauma-based empathy training program for nurses examining patients reporting a contaminated drinks incident when presenting at a hospital facility in the commonwealth; (v) determining cost sharing processes for care associated with treating a victim of contaminated drinks in the hospital setting; (vi) determining how contaminated drinks incidents shall be encompassed under the Emergency Medical Treatment and Labor Act (EMTALA); (vii) creating protocols for hospital admission due to a contaminated drinks incident consistent with EMTALA; (viii) identifying possible alternative toxicology support and testing solutions outside the hospital setting.

(d) The task force shall prepare its findings and recommendations, together with drafts of legislation or regulations necessary to carry those recommendations into effect, by filing the same with the clerks of the senate and house of representatives and the joint committee on public health not later than one year after the effective date of this act.

(e) According to the definition of contaminated drinks established by the taskforce, the department of public health shall produce a comprehensive list of known substances used to contaminate drinks and publish on the department webpage. The department shall provide resources on known substances used in a contaminated drinks incident to serve as an informational source for the general public on the department webpage. The department shall provide on said website all available resources to individuals who suspect they have been a victim of involuntary consumption of a drug commonly used for facilitated sexual assault.

SECTION __. The department of public health shall require all hospitals to issue an evidence based and relevant testing sample to test for the presence of a substance used in a contaminated drinks incident upon request by the patient exhibiting symptoms of a contaminated drinks incident or by any patient exhibiting symptoms of a contaminated drinks incident. The department shall promulgate guidance detailing best practices for standardizing care and testing for suspected victims of contaminated drinks at hospital

facilities across the commonwealth for suspected victims of contaminated drinks regardless of whether or not a sexual assault has occurred. The department shall determine mechanisms for enforcing implementation of this guidance across the hospital setting. The department shall promulgate recommendations from the task force's report across the Massachusetts hospital setting and any additional relevant entities identified by the taskforce. The department shall enforce the implementation of the task force's recommendations across the Massachusetts hospital setting and any additional relevant entities identified by the taskforce."

The amendment was *rejected.*

Mr. Crighton moves that the proposed new text be amended by inserting after section 76 the following section:- 31

"SECTION 76A. Said section 16 of said chapter 12C, as so appearing, is hereby further amended by adding the following subsection:-

(d) The center shall evaluate and report on individual private and public health care payer data metrics submitted to the center pursuant to clause (1) to (5), inclusive, of subsection (b) of section 10 and data submitted to the division of insurance under section 21 of chapter 176O. The center shall include information on payer data in its annual report required under this section; provided, however, that such information shall be reported on an industry-wide, payer-specific basis and shall include, but not be limited to: (i) operating margins; (ii) total margins; (iii) reserves in dollars and as a percentage of risk-based capital; (iv) enrollment and member months; (v) total premiums and premiums on a per member per month basis; (vi) total medical expenses and medical expenses on a per member per month basis; and (vii) total administrative expenses and administrative expenses on a per member per month basis; and provided further, that the center shall report this information by type of business, where possible."; and

By inserting after section 108 the following section:-

"SECTION 108A. Section 21 of said chapter 176O, as so appearing, is hereby amended by adding the following subsection:-

(f) The commissioner shall make all information submitted to the division pursuant to this section available to the center for health information and analysis."

The amendment was adopted.

Messrs. Durant and Tarr move that the proposed new text be amended in section 93, in subsection (c), in line 1848, by striking out the words "2 years" and inserting in place thereof the words "3 years." 54

The amendment was *rejected.*

Mr. Durant moves that the proposed new text be amended in section 93, by inserting after subsection (g) the following two subsections:- 55

"(h) Notwithstanding any general or special rule to the contrary, in the event an office based surgical center, as defined herein, exists or is under construction at the time of the issuance of said rules as established in subsection (b) herein and the center meets the following conditions: a) performs "minor procedures" or uses "minimal" or "moderate" sedation; and b) holds a current accreditation from the Accreditation Association for Ambulatory Health Care, American Association for Accreditation of Ambulatory Surgery Facilities, Inc., or The Joint Commission, or is in the process of obtaining said accreditation if it has been in operation for less than one year; and, c) the physicians performing said procedures are: (i) licensed by the Board of Registration of Medicine, (ii) board certified in the field of expertise for said procedures, and, (iii) retain privileges in good standing at a hospital licensed under section 51 or by the federal government, then the department shall be required to grant said center and its affiliated medical practice a provisional license to operate for a period of three years. Centers meeting these qualifications shall be defined as an "Existing Center in Good Standing." Nothing herein shall preclude the department from

inspecting said facilities and requiring operational changes in the best interest of public welfare or patient safety.

(i) Upon the issuance of the rules by the department, as defined in section (b) herein, if such rules would require Existing Centers in Good Standing to make material changes to its physical plant, requiring a material capital expenditure investment relative to the size of the center or if existing building requirements would otherwise not enable said center to comply with the department's rules, then said center shall be granted an extension to the initial license of an additional 3 years, provided, however, said center must meet the requirement of an Existing Center in Good Standing."

The amendment was *rejected.*

Mr. DiDomenico, Ms. Rausch and Messrs. Keenan, Payano, Moore and Feeney move 33
that the proposed new text be amended by inserting after section 98 the following section:-

"SECTION 98A. Section 9A of chapter 118E of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by adding the following paragraph:-

(17) (a) Residents of the commonwealth who are under the age of 19 and enrolled in MassHealth shall qualify for not less than 12 months of continuous eligibility; provided, however, that continuous eligibility shall not apply to: (i) residents who are 19 years of age or older, unless MassHealth provides continuous eligibility to such residents; (ii) individuals who are under the age of 19 and no longer reside in the commonwealth; (iii) residents under the age of 19 who requests voluntary disenrollment or whose representative requests such disenrollment on behalf of said resident; or (iv) residents under the age of 19 whose eligibility is determined to have been erroneously granted because of agency error or fraud, abuse or perjury attributed to said resident or their representative.

(b) The executive office of health and human services shall maximize federal financial participation for the coverage and benefits provided under this section; provided, however, that continuous eligibility under subparagraph (a) shall not result in any reduction of federal financial participation; and provided further, that coverage and benefits provided under this paragraph shall not be contingent upon the availability of federal financial participation."

After remarks, the amendment was adopted.

Recess.

There being no objection, at twenty-six minutes before seven o'clock P.M., the Chair Recess.
(Mr. Brownsberger) declared a recess, subject to the call of the Chair; and at twenty-six minutes before eight o'clock P.M., the Senate reassembled, Mr. Brownsberger in the Chair.

Order of the Day.

The Orders of the Day were further considered as follows:

The House Bill enhancing the market review process (House, No. 4653),-- the main Health care,--
question being on ordering the bill to a third reading. market review process.

Mr. Montigny moves that the proposed new text be amended in section 27, by striking 45
out, in line 533, the word "may" and inserting in place thereof the following word:- "shall";

In section 27, by striking out, in lines 534 and 535, the words "$500,000 for a first violation, not more than $750,000 for a second violation and not more than $1,000,000 for a third or subsequent violation" and inserting in place thereof the following words:- "$500,000 per week for a first violation, not more than $750,000 per week for a second violation and not more than $1,000,000 per week for a third or subsequent violation"; and

In section 27, by striking out, in lines 556 and 559, the figure "30", both times it appears, and inserting in place thereof the following figure:- "14".

The amendment was *rejected.*

Suspension of Senate Rule 38A.

Ms. Freidman moved that Senate Rule 38A be suspended to allow the Senate to meet beyond the hour of 8:00 P.M. The same Senator requested that the question on suspension of the rule be determined by a standing vote, and it was suspended by a vote of 7 to 2. Senate Rule 38A.

Order of the Day.

The Orders of the Day were further considered as follows:

The House Bill enhancing the market review process (House, No. 4653),-- the main question being on ordering the bill to a third reading. Health care,-- market review process. 153

Mr. Montigny, Ms. Miranda and Messrs. Tarr and Pacheco move that the proposed new text be amended by inserting after section __ the following section:-

"SECTION __. A hospital, provider, or provider organization, as defined by section 1 of chapter 6D, shall not enter into any sale, lease, merger, acquisition, investment, affiliation, or other financial interest with a private equity firm, real estate investment trust or management services organization until 180 days following the promulgation of updated regulations necessary to carry out the provisions of this act. This section shall not apply to any hospital, provider, or provider organization subject to bankruptcy proceedings upon passage of this act."

After remarks, the question on adoption of the amendment was determined by a call of the yeas and nays at six minutes past eight o'clock P.M., on motion of Mr. Montigny, as follows, to wit (yeas 14 – nays 25) **[Yeas and Nays No. 210]:**

YEAS.

Brady, Michael D.	Kennedy, Edward J.
Collins, Nick	Montigny, Mark C.
Durant, Peter J.	Moore, Michael O.
Eldridge, James B.	O'Connor, Patrick M.
Fattman, Ryan C.	Pacheco, Marc R.
Gomez, Adam	Tarr, Bruce E.
Keenan, John F.	Timilty, Walter F. – **14.**

NAYS.

Barrett, Michael J.	Kennedy, Robyn K.
Brownsberger, William N.	Lewis, Jason M.
Comerford, Joanne M.	Lovely, Joan B.
Creem, Cynthia Stone	Mark, Paul W.
Crighton, Brendan P.	Miranda, Liz
Cronin, John J.	Moran, Susan L.
Cyr, Julian	Oliveira, Jacob R.
DiDomenico, Sal N.	Payano, Pavel M.
Edwards, Lydia	Rausch, Rebecca L.
Feeney, Paul R.	Rodrigues, Michael J.
Finegold, Barry R.	Rush, Michael F.
Friedman, Cindy F.	Velis, John C. – **25.**
Jehlen, Patricia D.	

The yeas and nays having been completed at fifteen minutes past eight o'clock P.M., the amendment was *rejected.*

Mr. Montigny moves that the proposed new text be amended by inserting after section __ the following section:- 158

"SECTION __. (a) The department of public health, in consultation with the attorney general, district attorneys, patient advocates, health care practitioners and other relevant stakeholders, shall analyze the effectiveness and sufficiency of the marketing code of conduct established pursuant to chapter 111N of the General Laws. The department's analysis shall include, but not be limited to: (i) an evaluation of the reports, compliance information and data required under sections 2A, 5 and 6 of said chapter 111N; (ii) a comparison of the marketing code of conduct with similar rules established in other states; (iii) a review of any enforcement actions taken for violations of said chapter 111N; (iv) a review of opioid marketing practices and the direct impact of said practices on increased substance use disorders and related deaths; (v) a review of marketing practices for high cost prescription drugs, as determined by the department, and the direct impact of said practices on increased health care costs; and (vi) recommendations for implementation to ensure marketing activities by pharmaceutical and medical device manufacturers do not influence prescribing patterns in a manner that adversely affects patient care.

(b) The department shall file a report of its findings with the clerks of the senate and house of representatives, the joint committee on public health, the joint committee on health care financing, the senate committee on steering and policy and the senate and house committees on ways and means not later than December 31, 2024.

(c) The department shall promulgate regulations requiring the licensing of all pharmaceutical and medical device representatives, including pharmaceutical and medical device manufacturing agents, as defined in section 1 of said chapter 111N, in accordance with the findings of the report required by this section. The department shall promulgate said regulations within 180 days of the filing of said report."

After debate, the question on adoption of the amendment was determined by a call of the yeas and nays at twenty-one minutes past eight o'clock P.M., on motion of Mr. Montigny, as follows, to wit (yeas 7 – nays 32) **[Yeas and Nays No. 211]:**

YEAS.

Brady, Michael D.	Montigny, Mark C.
Collins, Nick	Pacheco, Marc R.
Jehlen, Patricia D.	Timilty, Walter F. – **7.**
Lewis, Jason M.	

NAYS.

Barrett, Michael J.	Keenan, John F.
Brownsberger, William N.	Kennedy, Edward J.
Comerford, Joanne M.	Kennedy, Robyn K.
Creem, Cynthia Stone	Lovely, Joan B.
Crighton, Brendan P.	Mark, Paul W.
Cronin, John J.	Miranda, Liz
Cyr, Julian	Moore, Michael O.
DiDomenico, Sal N.	Moran, Susan L.
Durant, Peter J.	O'Connor, Patrick M.
Edwards, Lydia	Oliveira, Jacob R.
Eldridge, James B.	Payano, Pavel M.
Fattman, Ryan C.	Rausch, Rebecca L.
Feeney, Paul R.	Rodrigues, Michael J.
Finegold, Barry R.	Rush, Michael F.
Friedman, Cindy F.	Tarr, Bruce E.
Gomez, Adam	Velis, John C. – **32.**

The yeas and nays having been completed at twenty-eight minutes past eight o'clock

P.M., the amendment was *rejected*.

Messrs. Montigny and Pacheco moved that the proposed new text be amended in section 89 by adding the following paragraph:- 161

"(9) No original license shall be granted, nor renewed, to establish or maintain an acute-care hospital if the applicant is a for-profit person or entity which, on or after July 1, 2024, becomes a successor to a non-profit acute care hospital as a result of any sale, lease, exchange, merger or other disposition or conversion of the property, assets or operations of a non-profit acute care hospital."

After remarks, the question on adoption of the amendment was determined by a call of the yeas and nays at twenty-seven minutes before nine o'clock P.M., on motion of Mr. Montigny, as follows, to wit (yeas 9 – nays 30) **[Yeas and Nays No. 212]:**

YEAS.

Brady, Michael D.	Montigny, Mark C.
Collins, Nick	Pacheco, Marc R.
Durant, Peter J.	Tarr, Bruce E.
Feeney, Paul R.	Timilty, Walter F. – **9.**
Lovely, Joan B.	

NAYS.

Barrett, Michael J.	Keenan, John F.
Brownsberger, William N.	Kennedy, Edward J.
Comerford, Joanne M.	Kennedy, Robyn K.
Creem, Cynthia Stone	Lewis, Jason M.
Crighton, Brendan P.	Mark, Paul W.
Cronin, John J.	Miranda, Liz
Cyr, Julian	Moore, Michael O.
DiDomenico, Sal N.	Moran, Susan L.
Edwards, Lydia	O'Connor, Patrick M.
Eldridge, James B.	Oliveira, Jacob R.
Fattman, Ryan C.	Payano, Pavel M.
Finegold, Barry R.	Rausch, Rebecca L.
Friedman, Cindy F.	Rodrigues, Michael J.
Gomez, Adam	Rush, Michael F.
Jehlen, Patricia D.	Velis, John C. – **30.**

The yeas and nays having been completed at nineteen minutes before nine o'clock P.M., the amendment was *rejected*.

Messrs. Collins and Moore moved that the proposed new text be amended in section 26, by striking out, in line 535, the figure "$1,000,000" and inserting in place thereof the following words:- "the amount of spending attributable to the health care entity that is in excess of the health care cost growth benchmark"; and 133

In section 27, in proposed subsection (p) of section 10 of proposed section 9A of chapter 6D of the General Laws, by striking out paragraph (2).

After remarks, the amendment was adopted.

Messrs. Tarr and Keenan moved that the proposed new text be amended by inserting at the end the following section:- 1

"SECTION X. Notwithstanding any general or special law to the contrary, the Secretary of Health and Human Services in conjunction with the Secretary of Elder Affairs shall file an application to seek a waiver with the Center for Medicaid and Medicare Services (CMS) to amend the Commonwealth of Massachusetts' 1915(c) elderly waiver, and that any program of home and community-based services in which family members are

permitted to serve as paid caregivers, funded pursuant to Section 9 of Chapter 118E shall include spouses within the definition of a family member."

After remarks, the amendment was *rejected*.

Ms. Lovely moved that the proposed new text be amended by inserting the text of Senate document numbered 2880, relative to APRN. 163

After remarks, the amendment was adopted.

Mr. Tarr moved that the proposed new text be amended by inserting at the end the following section:- 3

"SECTION X. Section 226 of chapter 139 of the acts of 2012 is hereby amended by striking out the figure '2026', inserted by section 111 of chapter 126 of the acts of 2022, and inserting in place thereof the following figure:- '2030'."

After debate, the question on adoption of the amendment was determined by a call of the yeas and nays at five minutes before nine o'clock P.M., on motion of Mr. Tarr, as follows, to wit (yeas 6 – nays 33) **[Yeas and Nays No. 213]:**

YEAS.

Durant, Peter J.	O'Connor, Patrick M.
Fattman, Ryan C.	Tarr, Bruce E.
Moore, Michael O.	Timilty, Walter F. – **6.**

NAYS.

Barrett, Michael J.	Keenan, John F.
Brady, Michael D.	Kennedy, Edward J.
Brownsberger, William N.	Kennedy, Robyn K.
Collins, Nick	Lewis, Jason M.
Comerford, Joanne M.	Lovely, Joan B.
Creem, Cynthia Stone	Mark, Paul W.
Crighton, Brendan P.	Miranda, Liz
Cronin, John J.	Montigny, Mark C.
Cyr, Julian	Moran, Susan L.
DiDomenico, Sal N.	Oliveira, Jacob R.
Edwards, Lydia	Pacheco, Marc R.
Eldridge, James B.	Payano, Pavel M.
Feeney, Paul R.	Rausch, Rebecca L.
Finegold, Barry R.	Rodrigues, Michael J.
Friedman, Cindy F.	Rush, Michael F.
Gomez, Adam	Velis, John C. – **33.**
Jehlen, Patricia D.	

The yeas and nays having been completed at three minutes past nine o'clock P.M., the amendment was *rejected.*

Messrs. Fattman and Tarr moved that the proposed new text be amended by inserting after section X the following sections:- 60

"SECTION XX. Notwithstanding any general or special law to the contrary, any emergency medical technician, as defined by section 1 of chapter 111C of the General Laws, who has been (i) awarded a paramedic certification from the National Registry of Emergency Medical Technicians, (ii) awarded an EMT-Paramedic certificate as administered by the department of public health, (iii) completed no less than 9,000 hours of paramedic field work for any licensed ambulance service in the commonwealth after receiving said certificates, and has (iv) completed a National Council Licensure Exam (NCLEX) approved preparation course, shall not be required to graduate from a Board of Registration in Nursing approved nursing program in the commonwealth to participate in

the NCLEX-RN.

SECTION XX. Any emergency medical technician, as defined in section 1 of chapter 111C of the General Laws, who has been (i) awarded an associate of science, bachelor of science, or master of science in emergency medical services at an accredited college or university, (ii) awarded a paramedic certification from the National Registry of Emergency Medical Technicians, (iii) awarded an EMT-Paramedic certificate as administered by the department of public health, (iv) completed no less than 5,000 hours of paramedic field work for any licensed ambulance service in the commonwealth after receiving said certificates, and has (v) completed a National Council Licensure Exam (NCLEX) approved preparation course, shall not be required to graduate from a Board of Registration in Nursing approved nursing program in the commonwealth to participate in the NCLEX-RN.

SECTION XX. Any emergency medical technician paramedic shall be required to provide specific documentation for Good Moral Character (GMC) evaluation as defined in sections 74, 74A, and 76 of chapter 112 of the General Laws to be licensed as a registered nurse in the commonwealth.

SECTION XX. The department of public health shall implement said changes within one year of the passage of this act."

The amendment was *rejected*.

Mr. Durant moved that the proposed new text be amended in section 93, in subsection (b), in line 1846, by inserting after the word "medicine", the following words:- " and the Massachusetts Medical Society". 69

The amendment was *rejected*.

Mr. Feeney moved that the proposed new text be amended by inserting after section __ the following section:- 105

"SECTION XX. The department of public health shall convene a benefit cost transparency task force to assess the feasibility of requiring patient-specific benefit and deductible information to be made available by payers to requesting providers, so that said providers may access said information in real time upon the request of a patient.

The task force shall be comprised of eleven members, the Commissioner for the Department of Public Health, or designee, who shall serve as chair, the Commissioner for the Division of Insurance, or designee; the House Chair of the Joint Committee on Healthcare Financing, or designee; the Senate Chair of the Joint Committee on Healthcare Financing, or designee; a representative from the Massachusetts Health and Hospital Association, or designee; a representative from the Massachusetts Association of Health Plans, or designee; a representative from the Massachusetts Medical Society, or designee, a representative from the Massachusetts Pharmacist Association, or designee; a representative from the Health Policy Commission, or designee; a representative from the Chronic Care Policy Alliance; and a representatives from the National Consumers League.

The benefit cost transparency task force shall issue a report on its findings, along with any recommendations, by December 31, 2025, to the governor, the speaker of the House, the Senate President, the chair of the House Committee on Ways and Means, and the Chair of the Senate Committee on Ways and Means."

The amendment was *rejected*.

Mr. Tarr moved that the proposed new text be amended by inserting after section 111 the following section:- 106

"SECTION 111A. The department of public health shall study and make recommendations on improving the effectiveness and efficiency of electronic health records in the commonwealth for the purpose of supporting the commonwealth's efforts in meeting the health care cost growth benchmark established under chapter 6D of the General Laws. The study shall contain information and recommendations on topics related to electronic health records including, but not limited to: (i) containing costs for providers, payors and

consumers; (ii) accessibility and interoperability; (iii) barriers to efficient exchange of patient information through electronic health records; (iv) the impact of electronic records on of administrative burden on providers; (v) the impacts on patient care from delayed information exchanged on electronic health records; and (vi) opportunities and measures to improve the operation of electronic health records in the commonwealth. Prior to submitting recommendations, the department shall consult with stakeholders, including but not limited to, physicians, hospitals, providers of electronic health records and consumer advocates. Not later than December 31, 2025, the department shall file the report with the clerks of the senate and house of representatives, the senate and house committees on ways and means, the joint committee on health care financing."

After remarks, the amendment was adopted.

Messrs. Durant, Collins, Keenan and Payano moved that the proposed new text be amended by adding the following section:- 109

"SECTION X. Section 110A of chapter 111 of the General Laws, as appearing in the 2018 Official Edition, is hereby amended by inserting, in line 3, after the word 'cretinism' the following words:- 'Krabbe, Fabry, Gaucher, Pompe, MPS I, Niemann-Pick disease types A and B'."

After remarks, the amendment was *rejected*.

Messrs. Fattman and Tarr moved that the proposed new text be amended by inserting after section X the following section:- 124

"SECTION XX. Notwithstanding any general or special law to the contrary, registered nurses, licensed practical nurses, advanced practice registered nurses, physician assistants, respiratory therapists, perfusionists, and emergency medical technicians who are licensed in another state who present to the corresponding Massachusetts licensing authority verification that such license is in good standing in that other state where it was issued shall forthwith be issued a corresponding Massachusetts license. All health care providers licensed under this provision may provide services within the scope of practice authorized by the license in such profession, both in-person in Massachusetts and across state lines into Massachusetts using telemedicine where appropriate."

The amendment was *rejected*.

Mr. Collins, Ms. Miranda, Ms. Jehlen and Mr. Pacheco moved that the proposed new text be amended by inserting after section___ the following section:- 129

"SECTION___. (a) Prior to a hearing being held to discuss the closure of a community hospital in the commonwealth subject to the Department of Public Health's Hospital Licensure Regulation CMR 105.22, the Bureau of Public Health Hospitals of Department of Public Health shall do a feasibility analysis on the cost of acquisition of said community hospital.

(b) The feasibility analysis shall be submitted to the Clerk of the House of Representatives and the Clerk of the Senate, the Joint Committee on Ways and Means, the Joint Committee on Public Health, the the Joint Committee on Health Care Financing.

(c) A hearing shall be held on the feasibility analysis by the Joint Committee on Public Health no less than 30 days after the feasibility analysis is submitted to the aforementioned committed and Clerks."

After remarks, the amendment was *rejected*.

Mr. Tarr moved that the proposed new text be amended in section 110, by inserting after the word "and", in line 2387, the first time it appears, the following words:- "the increase of recruitment and retention in". 162

After remarks, the amendment was adopted.

Mr. Rodrigues moved that the proposed new text be amended in section 16, by striking out, in lines 119 to 121, inclusive, the words ", private equity firm affiliate or real estate investment trust that has a financial interest in a provider or provider organization closing, 136

declaring bankruptcy, or otherwise discontinuing" and inserting in place thereof the following words:- "or real estate investment trust that had a financial interest in a provider or provider organization that closed, declared bankruptcy or otherwise discontinued";

In section 48, by striking out, in lines 1087 and1088 the words "closing, declaring bankruptcy or otherwise discontinuing" and inserting in place thereof the following words:- "that closed, declared bankruptcy or otherwise discontinued";

In section 93, by striking out, in lines 1899 and 1900, the words "not intended, and should not be used for, preventative or routine services" and inserting in place thereof the following words:- "not intended as the patient's primary care provider";

By inserting after section 98 the following section:-

"SECTION 98A. Section 9C of chapter 118E of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by striking out, in line 161, the words 'committee on health care' and inserting in place thereof the following words:- joint committee on health care financing.";

By inserting after section 100 the following section:-

"SECTION 100A. Section 19A of said chapter 175, as so appearing, is hereby amended by adding the following 2 sentences:-

A party of record may review a written agreement for a merger or consolidation of 2 or more health insurance companies submitted to the commissioner for written approval, as well as provide written comment or specific recommendations for consideration by the commissioner. If a party of record sends a written communication or submits written materials concerning a written agreement, the commissioner shall provide copies of such communication or materials to all other parties of record."

In section 108, by striking out the word "a", in line 2281, the second time it appears, and inserting in place thereof the following words:- "an out-of-network";

In said section 108, by inserting after the word "the", in line 2282, the first time it appears, the following words:- "out-of-network";

In said section 108, by striking out, in line 2287, the word "services,";

In section 118, by striking out, in line 2588, the word "medical" and inserting in place thereof the following words:- "health care"; and

In section 123, by striking out, in line 2599, the words "Error! Reference source not found."

The amendment was adopted.

The Ways and Means amendment, as amended, was then adopted.

The bill as amended, was then ordered to a third reading and read a third time.

The question on passing the bill to be engrossed was determined by a call of the yeas and nays at twenty-one minutes past nine o'clock P.M., on motion of Ms. Friedman, as follows, to wit (yeas 38 – nays 2) **[Yeas and Nays No. 214]**:

YEAS.

Barrett, Michael J.	Keenan, John F.
Brady, Michael D.	Kennedy, Edward J.
Brownsberger, William N.	Kennedy, Robyn K.
Collins, Nick	Lewis, Jason M.
Comerford, Joanne M.	Lovely, Joan B.
Creem, Cynthia Stone	Mark, Paul W.
Crighton, Brendan P.	Miranda, Liz
Cronin, John J.	Moore, Michael O.
Cyr, Julian	Moran, Susan L.
DiDomenico, Sal N.	O'Connor, Patrick M.
Durant, Peter J.	Oliveira, Jacob R.

Edwards, Lydia	Payano, Pavel M.
Eldridge, James B.	Rausch, Rebecca L.
Fattman, Ryan C.	Rodrigues, Michael J.
Feeney, Paul R.	Rush, Michael F.
Finegold, Barry R.	Spilka, Karen E.
Friedman, Cindy F.	Tarr, Bruce E.
Gomez, Adam	Timilty, Walter F.
Jehlen, Patricia D.	Velis, John C. − **38.**

NAYS.

Montigny, Mark C.	Pacheco, Marc R. − **2.**

The yeas and nays having been completed at twenty-seven minutes past nine o'clock P.M., the bill was passed to be engrossed, in concurrence, with the amendment [For text of Senate amendment, printed as amended, see Senate, No. 2881].

Sent to the House for concurrence in the amendment.

Order Adopted.

On motion of Ms. Rausch:

Time of meeting.

Ordered, That when the Senate adjourns today, it adjourn to meet again tomorrow at one o'clock P.M., in a full formal session and that the Clerk be directed to dispense with the printing of a calendar.

On motion of Mr. Pacheco, at twenty-nine minutes past nine o'clock P.M., the Senate adjourned to meet again tomorrow at one o'clock P.M.